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THE AUSTRALASIAN MEDICAL GAZETTE:

BEING THE

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OF THE

BRITISH MEDICAL ASSOCIATION.

VOL. I.

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IS INSANITY INCREASING?

Read before the Medical Section of the Royal Society of New South Wales.

By FREDERICK NORTON MANNING,
M. R. C. S. E. M. D., ST. AND., L. S. A. LOND.

Inspector-General of Hospitals for the Insane, New South Wales.

In two former papers read before the Section of the Royal Society of New South Wales, I have set forth the proportion of insane persons to the general population in this and other countries, and discussed at some length the causation of insanity. I now propose to try and answer the question, "Is insanity increasing?" This question is one not unfrequently asked in society; it is from time to time discussed in the public press, and is of great social and practical importance. The occurrence of the census year appears to be a specially fitting time for its discussion, because it affords us, so far as our own colony is concerned, an opportunity of dealing with accurate returns, and eliminating errors which might arise in dealing with these estimates of population.

The following short return shows the population of New South Wales, the number of insane and the proportion of insane persons per thousand of the population, on Dec. 31st, 1861, Dec. 31, 1871, and April 3rd (census day), 1881; the number of males and females being distinguished. For the statistics of population I am indebted to the courtesy of the Registrar-General, who advises me that those for 1881 are subject to the minor correction which may be necessary in the final revision of the census returns.

	Population.			No. of Insane			Proportion per 1000		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Dec. 31, 1861...	202,099	156,179	358,278	533	207	840	2.63	1.06	2.34
Dec. 31, 1871...	284,550	235,073	519,623	879	508	1387	3.09	2.18	2.67
April 3, 1881...	411,052	337,810	748,862	1907	828	2735	3.18	2.45	2.85

From these figures it appears that whilst the general population has in 20 years increased 100 per cent., the number of insane has increased 154 per cent., and the proportion of insane has risen from 2.34 per 1000, or 1 in 426, to 2.85 per 1000, or 1 in 350.

Taking the decennial periods, it will be seen that from 1861 to 1871 the increase of population was 45 per cent., and of insane persons 65 per cent.; the proportion of insane to population rising from 2.34 to 2.67 per 1000; whilst from 1871 to 1881 the increase of population was 44 per cent. and of the insane 54 per cent.; the proportion of insane to population rising only from 2.67 to 2.85 per 1000.

Turning to the neighbouring colony of Victoria, we find that the increase in the number of insane during the last 20 years has been even greater than in this colony. In 1861 the population of Victoria was 541,800, and the number of insane persons 702, or 1.29 per 1000. In 1881, the population, as ascertained by census, was in round numbers, 855,000, whilst on Dec. 31, 1880, the number of insane had risen to 3,065, or 3.58 per 1000; so that whilst the population had only increased by 57 per cent., the number of insane had more than quadrupled and bore a proportion to the population nearly three times larger than in 1861.

The increase in the proportion of insane to population was much more marked during the period from 1861 to 1871 than from the latter date to 1881, being from 1.29 to 2.71 per 1000 during the former ten years, and only from 2.71 to 3.58 per 1000 during the latter.

In South Australia the population in 1871 was 185,626, the number of insane persons 324, and the proportion of insane to population 1.74 per 1000, whilst at the close of 1880 the population was 267,662, the number of insane 587, and the proportion to population 2.19 per 1000.

The increase in Queensland and New Zealand, with the details of which I will not trouble you, has been equally marked.

Going now to older countries, we find that in 1844 there were in England and Wales 20,611 registered insane persons. In 1861 the number had risen to 41,129, and in 1879 to 71,101. In 1844 there was 1 insane person to every 800 of the population; in 1861, 1 in about every 550, and in 1879 1 in every 360.

The Commissioners of Lunacy for Scotland, in their report for the year 1879, state that when they entered on their duties in 1858, the number of insane persons officially known to the Board was 5,823, and that there has been an increase of 3,801 since that date. The insane under their jurisdiction have therefore increased 65 per cent. in 20 years, whilst the population has only increased 20 per cent. during the same period.

From the returns made by the Inspectors of Lunatic Asylums in Ireland, it appears that from 1846 to 1861 there was an increase of one-third in the number of insane, whilst the population, from emigration and other causes, decreased by 3 millions during the same period. And taking the period since 1861, the Inspectors state in their report for 1879, that the number of insane has nearly doubled, whilst the population, owing to the enormous emigration, has been almost at a standstill.

From a report, by M. Lamer, Inspector-General of the Service des Aliénés, published in 1870, it appears that from 1835 to 1870 the number of insane under official knowledge in France, increased from 10,500 to 38,500, or nearly quadruple, whilst the proportion to population tripled. From recent returns it appears that there has been an annual increase in the proportion of insanity to population every year since 1870, but these rates of increase are now very small, and has for years been slowly diminishing.

I have not at hand statistics from other European countries, but from German, Belgian, Dutch, and other publications, the same story—an increase in the proportion of insane to population—can be gathered. In 1875 Professor Livi, at Leggio, informed me that the increase had been most marked in Italy.

I have prepared a return shewing the proportion of insane persons to every 1000 of the population in England, Scotland, New South Wales, and Victoria, in each year since 1861, and in South Australia in each year since 1871:—

NUMBER OF INSANE TO 1000 OF THE POPULATION.

Year.	England.	Scotland.	N. S. Wales.	Victoria.	South Australia.
1861	2.01	2.05	2.34	1.29	
1862	2.09	2.08		1.34	
1863	2.15	2.04	2.45	1.49	
1864	2.19	2.04	2.50	1.65	
1865	2.24	2.05	2.52	1.68	
1866	2.29	2.08	2.58	1.84	
1867	2.35	2.11	2.58	1.94	
1868	2.43	2.14	2.63	2.27	
1869	2.48	2.18	2.53	2.40	
1870	2.50	2.23	2.57	2.55	
1871	2.53	2.27	2.67	2.71	1.74
1872	2.58	2.28	2.67	2.94	1.73
1873	2.62	2.30	2.72	2.96	1.80
1874	2.66	2.29	2.72	3.04	1.71
1875	2.68	2.31	2.80	3.10	1.90
1876	2.71	2.38	2.77	3.14	1.89
1877	2.75	2.45	2.76	3.19	2.01
1878	2.77	2.50	2.76	3.27	2.03
1879	2.79	2.55	2.74	3.41	2.05
1880		2.58	2.72*		2.19

With reference to the colony of New South Wales, so gradual, and yet so marked, had been the increase in the proportion of insane to population for some years past that, on receiving the Registrar-General's estimates of population for 1879 and 1880, and especially for the latter year, and finding that, calculated on these, the propor-

* Or corrected by census of April 3, 1881, 2.85.

tion of insane was diminishing instead of increasing, I at once felt and expressed some doubt as to the accuracy of the estimates. That these doubts were not unreasonable is proved by the census shewing the population to be less by about 22,000 than the estimate for 1880. The proportion of insane has therefore increased from 2'34 to 2'85, and not 2'72 per 1000.

The whole of the statistics now before you prove beyond a doubt that the amount of known and registered insanity has greatly increased, that the great wave of registered insanity is still slowly advancing but that, taking the last 20 years, the advance had been less during the last than during the first decade, and that the increase is at a declining rate.

The statistics, indeed, have at first, I felt, a very formidable and alarming appearance; but the very greatness of the increase might well raise a suspicion that it has not been due mainly to an increased production of insanity. However we may regard the history of the last half century, it has not differed so much from that of former times as to cause such an increase. (It is still a question whether there has been an increased production of insanity.)

The English, Scotch, and Irish Commissioners in Lunacy, with the statistics of the United Kingdom before them, are at one in believing the increase to be due to other causes than an increasing amount of mental disease. The English Commissioners in their 15th report, state: "We have not found any reasons supporting the opinion generally entertained that the community are more subject than formerly to attacks of insanity," and in all recent reports they have attributed the increase to other causes.

The Scotch Commissioners in their 22nd report, that for 1879, state: "The increase, as we have frequently pointed out, is not necessarily due to an increasing amount of mental disease"; and the Irish Inspectors, in their 29th report, also for 1879, "see no reason to suppose that lunacy is actually on the increase."

Dr. Lockhart Robertson, now one of the Lord Chancellor's Visitors in Lunacy, having, some years ago, passed in review the statistics then collected, pronounced the alleged increase of insanity as "popular fallacy," and in two admirable papers read before the Medico-Psychological Society in 1869, set forth his reasons for his opinion.

The reason generally given for the great increase of recognised insanity are as follows:—

1. That more stringent regulations have been made for the protection and registration of insane persons, whereby many who were never officially heard of at one time, are now duly counted.

In 1845 an Act was passed in England obliging the counties to build asylums. The opening of these forms a new era in the history of insanity, and since this date the whole machinery of the Lunacy Commissioners has had its origin. In 1853 an Act ordered a quarterly return of lunatics not in asylums, and in 1861 an Act ordered lunatics chargeable to the Union instead of the parish funds, and relieved guardians from a fear of burthening their own parish rates, and led to the placing of many idiots, formerly at home, in the county asylums.

In 1874 a grant of 4s. a head per week was made from the consolidated revenue to the county administration for every lunatic, and this has caused the shifting of no inconsiderable number of the aged and demented from the pauper to the lunatic list.

Coincident with these changes in England there have been similar enactments in Scotland, Ireland, France, and other countries. In the Australian colonies the law has humanely afforded easy modes of admission to institutions for the insane which the authorities of Benevolent Asylums and Poor-houses have not been slow to take advantage of, so as to rid themselves of a large number of demented cases, and especially of all who require the slightest extra care, food, or watching. This has been markedly the case since a closer scrutiny has been made of the expenditure of these public or quasi-public institutions.

2. The accumulation of incurable cases and the lower rate of mortality—since formerly the insane succumbed in large numbers from neglect or cruelty, whilst now under asylum care they live to a fair, and often to an advanced age.

To shew the effect of a low death rate on the increase of insanity by causing an accumulation of old and chronic cases, and by way of illustrating one of the causes for the more rapid increase of the proportion of insane persons in the Australian colonies than in Great Britain, I would call your attention to the difference made even in small numbers by the English and Australian death rate. The number who are discharged either recovered or were so far well as to be able

to leave asylum care, does not greatly differ in the two countries, and may be set down as 60 per cent. of the admissions. The English death rate averages over 10 per cent., the Australian, thus far, under 7 per cent. of the average number resident. In Great Britain, there in an asylum with an average number resident of 1000, and admission rate of 300 per annum, we have 100 deaths and 180 discharges, a total of 280 per annum, leaving an annual increase of 20 only; whilst in an Australian asylum, of the same capacity and receiving the same number of new cases, we have only 70 deaths and 180 discharges, or 250 per annum, leaving annual increase of 50, or 150 per cent. greater than Great Britain. The reasons for the smaller mortality in Australian asylums, therefore are, first—that the inmates, many of whom enter young, have not had time to grow old with the asylums; and second—that the mild climate tends to lengthen the lives of asylum inmates, who, in Great Britain, unwittingly expose themselves to cold and die early of pneumonia, bronchial, and other affections.

3. The improved management of asylums. Formerly they were objects of dread, in which persons would not, and did not place the insane of their families, whereas now, these prejudices have, for the most part, vanished, and asylums are considered fit homes for the perturbed or weak in intellect. The very increase in the number of asylums has served to produce an apparent increase of insanity. The number of patients drawn from the immediate neighbourhood of an asylum is always greater in proportion to population than from places more distantly situated, and every new asylum attracts to its wards patients from the immediate neighbourhood whom distance, prejudice, or ignorance has kept from those more distantly situated.

Since the establishment of the Newcastle Asylum, in this colony, in 1871, the number of idiots under care has exactly doubled, whilst the population has, as before stated, increased only 44 per cent.. It cannot be supposed that there has been this enormous increase of idiocy; but this special institution has become known, and patients formerly kept at home or in benevolent and other institutions have been sent thither. On one occasion 18 patients were sent at once from the Sydney Benevolent Institution, some of whom had been for a long time inmates.

4. An alteration has taken place in the standard of what constitutes insanity.

It has been said that modern science has discovered new realms of lunacy, and there is certainly a growing conviction that the disease should be dealt with in a special manner. Former generations were less particular than ourselves in accurately distinguishing the boundaries of reason and madness. Unless a man took to crowning himself with straw, or declaring himself an emperor or a teapot, they held him to be sane enough for practical purposes, they hanged him if he committed a murder, and, if we may judge from the quaint literature of former days, they published his books if his mania took a literary instead of a homicidal form. Whereas, now there is a growing disinclination to tolerate irregularities of conduct, and those whose insanity was not, in former times, detected, stand but scant chance of escaping enumeration, if they are not absolutely consigned to association with the insane. (Several of the Hebrew Prophets, and more than one of the writers of the New Testament, would, in our day, have found a home in an institution for those of disordered intellect.)

Years ago every village had its fool or softy, and numbers of the harmless insane were at large earning, wholly or in part, their own living, and tolerated by those about them; but for years there has been a growing tendency to send to asylums the imbecile and feeble minded—"the finer touch of a finikin civilization, shrinking from the contact of imperfect fellow creatures."

These are the causes given for the increase in the amount of registered insanity which has taken place, and it must at once be admitted that they do account for a large share of it. Whether they account for all is, I think, very doubtful.

A suspicion arises that some of these causes ought, at all events in old and settled countries, before this time to have become inoperative. The highest possible extension of lunatic life under asylum care should long ere this have been reached in England and in all parts of Great Britain. Asylums of every kind have long since been brought within easy reach of the whole population.

Again the number of cases of insanity occurring, or what has been called the "annual madness of fresh cases," is a better guide to the prevalence of insanity than the number existing, because the increase resulting from accumulation is estimated, but the following

return shows that the ratio of admissions to population is increasing somewhat slowly, indeed, in England, but more rapidly in this colony and South Australia.

Return shewing the ratio of admissions to the population, or the annual incidence of fresh cases of insanity in England, New South Wales, and South Australia. (The transfers are excluded.)

Year.	England.	New South Wales.	S. Australia.
1863		1 in 2,026	
1864		1 " 1,973	
1865		1 " 2,260	
1866		1 " 2,201	
1867		1 " 2,473	
1868		1 " 2,093	
1869		1 " 1,831	
1870	1 in 2,182	1 " 1,987	
1871	1 " 2,128	1 " 1,523	1 in 1,672
1872	1 " 2,141	1 " 1,779	1 " 2,112
1873	1 " 2,050	1 " 1,638	1 " 1,886
1874	1 " 1,954	1 " 1,770	1 " 1,930
1875	1 " 1,895	1 " 1,704	1 " 1,366
1876	1 " 1,853	1 " 1,749	1 " 1,514
1877	1 " 1,864	1 " 1,449	1 " 1,273
1878	1 " 1,831	1 " 1,636	1 " 1,225
1879	1 " 1,893	1 " 1,668	1 " 1,330
1880		1 " 1,618	1 " 1,200

Again, we are well aware that there has been a marked increase in more than one form of insanity during the last forty years, but we cannot point to any form which has become less frequent. General paralysis, of which I have in a former paper written at length, may be described as essentially a disease of this generation. Forty years ago it was practically unknown; now it is a common affection. I can point out about 40 cases in the asylums of this colony, and it is even more common in the mother country. No less than 1,034 cases of it, or upwards of 7 per cent. of the total admissions, were received into English asylums in 1879; whilst in France we have the statement of M. Limier, the Inspector-General of Asylums, that "it appears to increase not only in the large towns, but in the smaller centres of population with the most alarming rapidity."

There is good reason to think that epileptic insanity is also on the increase. 1,226 cases of this affection were admitted into English asylums in 1879, forming upwards of 9 per cent. of the total admissions for that year.

If you will, as medical practitioners, recall your own experience, or consult the literature of the subject, you cannot, I think, fail to perceive that the co-called Neurotic diseases, which, tho' distinct from, are allied to insanity, have greatly increased in these later years. The different forms of spinal affection and paralysis, locomotor, ataxia, neuralgia, hysteria, chorea, epilepsy, habitual headache and nervous exstability, and exhaustion, are to be seen in every consulting room, are the subjects of a large and increasing literature, and are treated in special hospitals. Between the sufferers from this disease and insanity proper, between the inner circle of insanity and an outer circle of neurotics, come, as has been pointed out by Dr. Crichton Brown in a charmingly written paper in the Journal of Psychological Medicine for July, 1880, the numerous crazy folks forming the middle of three concentric circles. These believers in perpetual motion, in squaring the circle, in spiritualism and clairvoyance, in M***** S*****'s miracles, and S*****'s Leichardt relics, are separated from the insane by arbitrary and somewhat shifting lines, and were surely never so numerous as at this time.

I need not tell you how the dwellers in the two outer of these concentric circles pass from time to time into the inner one, and how the neuroses lead up to or develop into insanity in a second or third generation. "The neuroses of one generation are indeed not barely the insane of the next," and if the neurotic and crazy circles are enlarging out of proportion to the increase of population, the insane circle to which they act as feeders is probably increasing in a similar manner.

Of the causes of the increase of nervous diseases, I do not now propose to speak, except to indicate that it appears largely due to the pressure and competition, the restlessness and social upheaval of modern life. The condition of the poorer has changed much more

than that of the monied classes, and they have entered into a new political and educational life, with its special excitements and struggles. Can it be that the increased amount of nervous disease and insanity is one of the penalties of this social and intellectual progress, this greater brain activity and strain, which has come in almost too hot haste?

Some figures in the last reports of the English and Scotch Lunacy Commissioners would seem to point to this. The amount of insanity among the poorer classes has increased in much greater proportion than among the well-to-do classes of the community. In Scotland, "after making allowance for the increased population of the country, the number of private asylums has, since 1858, increased 12 per cent., whilst the number in pauper asylums has increased 82 per cent." (Report of Lunacy Commissioners, Scotland, 1880.)

Dr. George M. Beard, of New York, whilst discussing the augmentation of the numbers of the insane, and the development of novel symptoms and forms of insanity, says, "Insanity is a part of the cost of liberty, it is a tax on our freedom. Where the sane are oppressed, the number of the insane has never been large. Liberty implies responsibility, responsibility leads to wrong, and wrong is attended with disappointment. If we think for ourselves and govern ourselves, thousands must go down in the struggle."

On the whole, then, looking at the annual incidence of fresh cases, at the increase in special forms of insanity, at the spread of neurotic mischief, and at the constantly-increasing proportion of insane to population, I think the question propounded at the commencement of this paper must be answered in the affirmative. There is good reason to believe that there is some real increase occurring in insanity.

It is, to some extent, comforting to know the increase is everywhere at a declining rate.

MODIFIED

BIGELOW'S OPERATION FOLLOWED BY PYÆMIA.

Read before the New South Wales Branch of the British Medical Association.

By GEORGE FORTESCUE, M.R.C.S. Eng., M.B., Lond.,
Hon. Consulting Surgeon to the St. Vincent's Hospital, Sydney.

To report our successful cases is a useful and is no doubt the more agreeable task; but more instructive, I believe, is the narration of our failures, and the probable causes of them; and it is especially, from the scientific point of view, to be desired that the mishaps which occur in the practice of the most careful and the most fortunate of us should be frankly recorded and discussed. I desire on the present occasion to give some details of a case which terminated fatally after comparatively slight interference at my hands, and to put on record the fact that the introduction of the large catheters recommended by Professor Bigelow is not to be lightly undertaken, or without a recognition and explanation of the possible dangers attending it. Bigelow's operation is, as most of you know, the removal of the crushed fragments of a stone and the complete evacuation of the bladder, *at one sitting*, by means of a strong suction bottle, through the large tubes which I show you here, and is, I have no doubt, a very great advance in the practice of lithotripsy. It is, as is first pointed out, remarkable how capacious ordinary urethras are after the meatus is divided, and how largely tolerant of instrumental disturbance the bladder is if no portion of calculus remain behind to excite or continue inflammation. It is very desirable that the question as between the cutting and crushing operations should be investigated, by means of comparative statistics, here and in other warm climates, where the prospects of the former appear to be much more favourable than in Northern Europe.

The history of my case is briefly as follows. In January of this year a man, aged 54, and otherwise quite healthy, came to me from the country. He complained of some urinary troubles which he had had for a few months; irritability of the bladder, small and interrupted stream, slow and occasionally painful micturition; symptoms which the sound proved to be caused by a small calculus, which came forward from time to time out of the bladder and stopped about the membranous portion of the urethra. It seemed to have established a dilatation for itself there, and appeared to be sometimes pushed aside by the sound, along which a grating could be felt during introduction. At others, when apparently pressed back into the bladder, not the slightest indications of its presence could be detected. The stone was evidently very small, and the question was how to free the patient of it most safely. My first

step was to dilate the urethra with the largest sounds I had, and to give diuretics and plenty of fluid, with the hope of getting sufficient head on to expel the stone. Nothing came of this, however, and I was compelled to consider what operation the patient should be subjected to. To fish about with a lithotrite for a calculus too small to give the slightest tactile evidence of its presence in the bladder seemed a somewhat chance procedure, and not altogether free from the risk of local irritation. I am inclined, however, now to think that this is what I ought to have done. I was unwilling to put the patient to the risk of lithotomy for what was apparently so slight occasion, and it occurred to me that this was a very good case for an operation of Bigelow's recommendation, and that the best and safest thing that could be done was to treat this small stone as if it were a fragment of a large one, and to remove it if possible, dispensing with any attempt at crushing, by elastic suction from the bladder. The idea, I have no doubt, was just and reasonable, and one capable of application in a small number of cases of the kind. On February 1st, then, ether was administered by my friend Dr. Shewen, and I passed No. 1 catheter very easily; No. 2 would not go through the meatus, but when this was divided, went quite easily into the bladder. The elastic bottle was then put in, and warm water injected and withdrawn several times. No stone came through, however, and taking out No. 2, I essayed to put in the formidable-looking No. 3. This seemed rather too large for the capacity of my patient's urethra, which gripped it tightly, and the sense of resistance at the membranous portion was so considerable as to deter me from continuing its introduction into the bladder. I withdrew it accordingly, and with a lithotrite tried in vain to feel and catch the stone. As a last resource I again passed No. 2, and again injected warm water into the bladder. On the removal of the tube, a grating was felt, and the stone came easily away, caught scoop-like in the eye of the instrument. It was a little stone, about the size of a pea, round and smooth, and though not small enough for No. 2, would readily have been sucked through the larger tube had I been able to introduce it.

On the morning of the next day (Feb. 2nd) the patient was slightly feverish. He complained of considerable soreness along the urethra; his urine was blood-stained. In the afternoon he had rigors. On the 3rd I found him with a rapid pulse and a temperature of 103. He had again shivering fits in the afternoon. Not the slightest tenderness complained of on deep pressure on the perineum or on the bladder, and no evidence of extravasation. His urethral tenderness was gone, or nearly so; his urine was still a little blood-stained. He expressed himself as feeling much better, but his excited, tremulous, and half-drunken manner pointed to grave disturbance, and was not at all reassuring. On the 4th his general condition was unaltered, but he now complained of pain about the sternal end of the right clavicle, and very severely round the right knee joint. On the 5th an inflammatory swelling came at the sterno-clavicular articulation, and going rapidly on to suppuration, was opened by me on February 8th. His pulse also showed inflammatory exudation, and a superficial blush of inflammation appeared below it. His state of septic intoxication remained the same, and his condition, in spite of the fact that his appetite was wonderfully good and he took food and stimulants freely, grew steadily worse, and on the 9th he was admitted into St. Vincent's Hospital, under the care of Dr. Milford, where, notwithstanding all that could be done for him, he died on February 28th, four weeks after the operation, from first to last having shown in a typical way all the symptoms of progressive blood-poisoning. I regret to say that no post-mortem could be obtained.

It is not likely, I think, though, of course it is possible, that the source of infection in this case was in the small cut made to enlarge the meatus; it is rather to be looked for in some superficial injury. The mucous membrane of the urethra, between the orifice and the membranous portion, subjected to the dilatation and bruising of the larger tube. As in many cases of the kind, the evidence of local injury or inflammation was nil, and it is quite certain that no extravasation existed. There were no symptoms of cystitis. Perhaps the infection depended upon some unknown constitutional quality, or an unrecognised one, and corresponds to those fortunately rare cases, but seen by most of us, in which precisely similar symptoms have followed the careful introduction of a catheter. Almost always, however, and this is suggestive, where catheterization has been a little difficult or attended by some slight appreciable bruising or abrasion. In passing these large catheters, some such interference with the mucous membrane must always necessarily occur, and it would be well, I think, to diminish the effect of it by a routine preliminary course of general dilatation, and by taking care to use no

tube larger than the urethra will easily admit. The risk, however, though small, is positive, and must be taken into account in weighing the comparative advantages and disadvantages of the proceeding recommended by Bigelow, and especially for us in Australia, in deciding between lithotomy and any form of crushing operation.

A CASE OF FOREIGN BODY IN BRONCHUS DISCHARGED AFTER SIX WEEKS.

Read before the New South Wales Branch of the British Medical Association.

By CRAIG DIXSON, M.R.C.S. Eng., M.B. et Ch.M. Edin.,
Hon. Physician to the Sydney Infirmary.

E. J. CAME to me in May last complaining of cough, which was dry, of pain, especially on full inspiration, which was stabbing in character.

From the story elicited, it appears that six days before, he was assisting his father to rivet some galvanised iron sheets together. He was underneath the sheet, holding a counter-surface for his father, who was above, hammering a rivet. The patient had several of the rivets in his mouth, and something transpired which made him burst out laughing, while in the middle of the laughing one of the rivets slipped into the pharynx and passed downwards.

A cough came on from that time, with the pain complained of, but he did not give a history of any violent spasmodic cough occurring immediately upon swallowing the body, nor was he able to state definitely to me at first that he was conscious of the object going down the *wrong way*, although after its expulsion he said that such had been the case.

He further gave a history that about the same time he had been working hard and perspiring freely, and not taking particular care about his cooling rapidly afterwards.

On examination I found little above normal temperature, percussion normal, expansion of chest and respiratory sound normal, except at the spot where he complained of the darting pain on respiration, where, over the area of about a crown-piece or rather more, *friction* was audible, and was accompanied by a few rales over a large area of the chest.

On the whole, taking the history into consideration, I was not inclined to believe that the localised pleurisy was connected with the rivet, but rather with exposure to draught or cold after perspiring freely as aforesaid, and I believe that the chances were that the rivet had gone into the stomach, my reasons for believing so being that there was no history of very violent paroxysm of coughing, nor large sonorous ronchi, such as we might have expected under such circumstances, nor was dyspnoea to speak of present at the time.

I therefore treated the lad for his disorder as for ordinary localised pleurisy, under which, in about a week, his cough had almost subsided, but it appears it did not quite do so until exactly six weeks after the swallowing of the rivet, at which time a sharp fit of coughing came off, during which he felt something drop into his mouth, which proved to be the lost rivet.

As there was no retching synchronous with the cough, I think we are compelled to believe that it had passed originally into the lungs, and had lain there until ejected through the pressure of air behind, occasioned by the sharp attack of coughing.

Allowing that such was the case, it is somewhat extraordinary that such mild symptoms should have been exhibited, or in other words, it is rather peculiar that more grand symptoms were not displayed.

I may mention that the lad's appetite failed, and that he lost flesh a little, but he recovered his wonted health in every respect after expectorating the rivet, with the exception of the slight loss of flesh, which was, of course, also soon recovered.

REPORTS OF SOCIETIES.

ROYAL SOCIETY OF TASMANIA.

Hobart Town, Monday, September 12th, 1881.

His Excellency the Governor in the chair.

Mr. William Crosby, jun., and Mr. S. H. Wintle, who had previously been nominated by the Council, were balloted for and declared duly elected Fellows of the Society. The Secretary, Mr. Barnard, brought forward the usual returns for the past month, and also laid before the meeting meteorological tables from Mount Nelson, Bruni, and Goose Islands. His Excellency read a paper "On the Magnetic Variation at Hobart, and its change in amount since last determined." Mr. Stephens read some notes "On the proposal for establishing a class ground for typical plants in the

Society's gardens." The meeting closed with a vote of thanks to His Excellency and Mr. Stephens, for the papers read, and to the donors of presentations.

AUCKLAND PHARMACEUTICAL SOCIETY.

Wednesday, September 7th, 1881.

G. Aickin, M.P.S., Vice-President, in the chair.

The annual meeting of this Society was held at the Young Men's Christian Association rooms. The chairman opened the proceedings with a few remarks, stating that the prospects of the trade had recently greatly improved. The passing of the new Act had placed them on a similar footing to that occupied by their colleagues in the other colonies. They were now legally entitled to a better position, and not now a mere trade, but a profession, and their business was not simply huxtering for trade, but that of benefiting suffering humanity. He also referred to the new Bill, the provision for apprentices, and the necessity for special knowledge. The report and balance sheet having been adopted, and a new Council elected for the ensuing year, the meeting terminated with a vote of thanks to the chairman.

PHARMACEUTICAL SOCIETY OF NEW SOUTH WALES.

The fifth annual meeting of this Society took place at the Board Room, Phillip-street, Sydney. There was a good attendance of members.

THE ROYAL SOCIETY OF NEW SOUTH WALES.

The usual monthly meeting of the Royal Society of New South Wales was held on Wednesday evening, September 7th, in the Society's Hall, Elizabeth-street. Mr. H. C. Russell, the Government Astronomer, occupied the chair. There was a large attendance of members, who came mostly to hear a very interesting paper read by Mr. John Tebbutt, on "The Comet of 1881." After some preliminary business, Mr. Tebbutt introduced the subject on which he had written, and at its conclusion received a cordial vote of thanks.

LINNÆAN SOCIETY OF NEW SOUTH WALES.

The monthly meeting of the Society was held at the Free Public Library on Wednesday evening, August 31st; the President, J. C. Cox, M.D., F.L.S., in the chair. Mr. J. G. Griffin, C.E., of Tamworth, was elected a member. The following papers were read:—1. On the Plants of New South Wales (fourth paper), by the Rev. Dr. Woolls, F.L.S. 2. Notes on a species of *Pseudophycis* found in the shell of a large *Dolium variegatum* from Port Jackson, by Mr. E. P. Ramsay, F.L.S. 3. Description of a new species of honeyeater, *Plectorhyncha fulviventrtris*, from New Guinea, by Mr. E. P. Ramsay, F.L.S. 4. Descriptions of six new species of birds from the Solomon Islands, *Astur versicolor*, *Ianthænas Philippinæ*, *Ptilopus Richardsi*, *Ptilopus Lewisii*, *Chalcophaps Mortoni*, *Sturnoides minor*. 5. On the Fructification of the Bunya, *Araucaria Bidwellii*, by the Hon. James Norton, M.L.C. Mr. Norton also exhibited some male cones of the bunya tree, alluded to in his paper. The President exhibited a curious albino variety of a parrot, *Platycercus eximius*, received from Queensland.

ROYAL SOCIETY OF SOUTH AUSTRALIA.

A meeting of this Society was held at the South Australian Institute, on Tuesday evening, September 6th. The President (Chief Justice Way) in the chair. There was a very good attendance of members.

Mr. F. G. Waterhouse, Curator of the Museum, on behalf of the Governors of the South Australian Institute, exhibited a number of specimens of natural history and ethnological specimens lately collected at Cooper's Creek by Mr. E. B. Sanger, and by him presented to the South Australian Institute Museum.

The Hon. Secretary (Mr. W. Rutt, C.E.) read a paper contributed by Mr. T. C. Cloud, F.C.S., entitled "Mineralogical and Chemical Notes from the Laboratory of the Wallaroo Smelting Works," and also laid upon the table a paper by Professor R. Tate, F.G.S., entitled "Description of New Species of Australian Mollusca."

In consequence of the absence of the mover of the adjourned discussion upon Mr. Paul Foelsche's paper upon "The History, Manners, and Customs of the Aborigines of Northern Australia" (Professor R. Tate), through indisposition, the discussion was further adjourned, and the meeting separated.

AUSTRALIAN HEALTH SOCIETY.

Melbourne, Monday, September 12th, 1881.

The first of a series of lectures, arranged for by this Society, was delivered by Mr. R. W. E. McIvor, F.C.S., the subject being "The Adulteration of Food and Drink." After describing the extensive adulteration which prevails in most articles of daily consumption, such as bread, milk, tea, coffee, mustard, beer, and spirits, Mr. McIvor maintained that an amended form of the "Sale of Food and Drug Act" of Great Britain should be passed in each of these

colonies, and that every large centre of population should have an analyst to protect the public from fraud and bad health, arising from adulterated food. The Government should also, he thought, appoint a board of chemists and laymen to inquire into the whole matter of adulteration, and to advise as to the steps which should be taken to put an effectual stop to it.

HOSPITAL INTELLIGENCE.

VICTORIAN EYE AND EAR HOSPITAL, MELBOURNE.

The monthly meeting of the Committee of the Victorian Eye and Ear Hospital was held on Wednesday, 31st August, at 3 o'clock. Mr. H. J. Hart in the chair. The attendance for the month was reported to be: Out-Patients—males, 537, females, 619; new cases, 177; total, 1,333. In-patients—remaining from last month, 16; admitted, 10; discharged, 10; remaining in house, 16; operations, 15.

SICK CHILDREN'S HOSPITAL, ADELAIDE.

The Board of Management met at the Hospital on Thursday, September 1, His Honor the Chief Justice presiding. The Secretary, Mr. R. C. Norman, reported 166 attendances at the out-door dispensary last month, of which number 51 were new cases. He stated that he had that day received the first response to this year's appeal to the South Australian shearers, in the shape of a cheque for £3 15s. from the manager of the Curnamona Station. So generously was last year's appeal responded to that the new ward about to be erected for the special use of ophthalmic patients will be called the "Shearers' Ward," and it is to be hoped the same will be built and furnished with money obtained entirely from this source.

AUCKLAND DISPENSARY.

At the annual meeting of the subscribers of the above institution, held at Auckland on the 16th August, the annual report of Dr. Hooper, their medical officer, was submitted. From it we learn, that during the year ending June 30th, 1881, 747 new tickets were issued, besides the considerable number of chronic cases on the books. The number of prescriptions made up were 3,658, showing an increase over last year to an amount of about 600 prescriptions, and about 100 more tickets of admission. The number of deaths were 21, of whom 11 were infants. Deaths over 70, two; over 60, one; over 50, two; between 20 and 40, five.

NOTES ON SMALL-POX AND VACCINATION.

Precautions against Small-Pox.—The Central Board of Health of Victoria has issued a circular to the medical profession that, in order to avoid the necessity of placing both patient and professional attendant in quarantine, the Board very earnestly desire to impress on medical men the great need of paying special attention to the use of disinfectants, and the general use of the disinfecting bath in every instance, where they are called in to visit a case of small-pox. The Board also strongly recommend that every practitioner should, in such visits, make use of a special suit of clothes.

Preparations for an Outbreak of Small-pox in Victoria.—In the event of an outbreak of small-pox in Melbourne, ample arrangements have been made for the reception of patients at the quarantine receiving house, and the field hospitals are now being completed. Patients may be attended by their own doctors, but the expenses will be defrayed by the Government, and arrangements have been made for the re-vaccination of the entire population at the expense of the state, should small-pox break out in the colony.

Arrangements for procuring Cow Lymph in Victoria.—The Central Board of Health of Victoria have been in correspondence with 15 of the largest stockowners in the colony without as yet meeting with a case of true cow-pox. Several herds have also been inspected by Dr. Youl without finding any animal affected. It is anticipated that no case of natural cow-pox will be met with until the spring of the year, when it might be looked for among heifers with their first calves. Under these circumstances the Board propose at once to inoculate certain cows with lymph which has been collected by the most skilful and cautious of the public vaccinators, and arrangements have been made to conduct the experiments at the police paddock at Dandenong.

Calf Inoculation in Victoria.—On the 7th September, Dr. Plummer, Mr. Graham Mitchell, and Mr. Abraham Lincoln proceeded to Dandenong to see the results of the experiments made on the 30th August. Dr. Plummer conducted the operations to secure a supply of lymph from the calves. Eleven tubes and three couples of glasses were obtained. Subsequently one child and three adults were vacci-

nated with calf lymph direct, and though these experiments have resulted in failure up to the present, they are still being continued.

Mr. Graham Mitchell, F.R.C.V.S., of Melbourne, is conducting a series of experiments in addition to the effort made by the Victorian Government at Dandenong. For this purpose two young goats have been operated upon, and this experiment having proved successful, a supply of the lymph was taken. From this lymph a third goat was vaccinated for the double object of testing its effects, and rendering the action less irritating when transferred to human subjects.

Mr. H. Francis, the well-known chemist, of Melbourne, has received a supply of pure calf lymph direct from Dr. Cook, of Manningtree, Essex, which he kindly placed at the disposal of Mr. Graham Mitchell, F.R.C.V.S., of Melbourne, who has operated with it on a number of calves.

A rumour was circulated in Melbourne on Saturday, September 10th, that a case of small-pox had occurred at Carlton. Medical inspection, however, soon reassured those who had been alarmed, as the illness of the patient in question was found not to proceed from the dreaded disease.

It is gratifying to learn that the report of a case of small-pox in the city of Adelaide has proved to be without foundation. The authorities of South Australia have taken warning by the outbreak in Sydney, and have completed arrangements for treatment of patients suffering from variola, should any occur.

Vaccination in the Police Force of South Australia.—In accordance with a suggestion made from headquarters, a large proportion of the members of the police force have been re-vaccinated. There is no compulsion in the matter, but the men have been informed that, if small-pox should break out, and they are ordered to go to the spot where the disease is discovered, they will have to proceed there.

On 18th August last, the Colonial Secretary of Tasmania, the Hon. W. Moore, sent a circular, *in re* "Vaccination," to 43 practitioners residing in Tasmania, requesting their answers to the following questions:—1. Have you been and are you still in the habit of vaccinating? 2. Have you any doubt as to the character and quality of the lymph used? 3. Has the vaccine disease following the operation been uniform in results, the pock maturing perfectly on the eighth day? 4. Has anything occurred leading you to believe that the lymph now used, such lymph having been originally supplied by the Government Board of Health in London, has lost any of its protective power? 5. Has any disease other than vaccine appeared in the cases operated on by you? The answers were all published on 23rd August in a supplement to the *Mercury*. In no case have any of the 43 gentlemen ever known any other disease but that of pure vaccinia, to be caused by vaccination with the ordinary humanised lymph.

Compulsory Vaccination in New South Wales.—The propriety of introducing a Compulsory Vaccination Bill is, we understand, being considered by the Government of New South Wales, and the question was brought specially before the Cabinet on Friday, September 16th. It has been determined to obtain the opinions of some of the leading medical practitioners of Sydney, and in accordance with this very practical and prudent mode of procedure, Dr. Tarrant was invited to be present yesterday, and give his opinions on the subject, all the members of the Ministry with the exception of Sir John Robertson and Dr. Manning being present. Dr. Tarrant, we learn, recommended a Compulsory Vaccination law with respect to infants, leaving it to the discretion of adults whether they would be vaccinated or not.

Sydney Quarantine Station.—In view of the reports in circulation about the state of affairs at the Quarantine Station, North Head, Sydney, and the treatment received by the persons isolated there, the undermentioned gentlemen have been appointed a Royal Commission to inquire into and report upon the management at that place, including the hulk Faraway, commencing from the date of the recent outbreak of small-pox, on or about the 1st June last:—Mr. John Rendell Street, Vice-President of the Sydney Infirmary, President; Dr. Philip Sydney Jones, Dr. Henry Norman MacLaurin, Dr. Frederic Norton Manning, and Mr. Francis Hixson, President of the Marine Board of New South Wales.

Canterbury Medical Society.—The usual monthly meeting of the Canterbury Medical Society was held at Christchurch, on Thursday evening, September 8th; there was a large gathering of town and country members. A very interesting paper on "Public Health" was read by Dr. Nedwill, upon which a long and exhaustive discussion took place.

Sanitary Camp near Sydney.—In the New South Wales Government Gazette of September 13th, it is notified, for general informa-

tion, that a temporary Camp, provided with floored tents and other conveniences, has been formed at a site between Little Bay and Long Bay, near Sydney, where it is proposed to receive and maintain for a time, at the public cost, persons presumably healthy, who may desire to be removed from overcrowded houses, from which persons have been taken who are infected with small-pox, with a view to the more complete disinfection of such houses, and to prevent the further spread of the disease.

The outcry raised against the Visiting Surgeon of Darlinghurst Gaol, Sydney, for vaccinating persons from a female prisoner, is subsiding. A Board, consisting of Drs. Manning, MacLean, Evans, and Fortescue, were appointed by the Colonial Secretary to report on the subject. The following is the report:—

"To the Colonial Secretary, Sydney.

"H.M. Gaol, Darlinghurst, 25th August, 1881.

"Sir,—In accordance with instructions contained in your letter of the 24th instant, we do ourselves the honour to report that we have this day visited H.M. Gaol, Darlinghurst, and examined Susan Fisher, a prisoner therein.

"We are of opinion that the present state of health of Susan Fisher is very good, that she is unusually robust, and naturally of a sound constitution, that she is free from all marks of venereal disease, past or present, and that there was no danger of communicating disease to persons vaccinated from her. From inquiries we have made, and from our personal experience, we are aware that there was considerable difficulty in obtaining lymph at the time the vaccination in Darlinghurst Gaol was in progress.

"We have, &c.,

"F. NORTON MANNING, M.D.

"L. H. J. MACLEAN, M.D., M.R.C.S.E.

"OWEN SPENCER EVANS, M.R.C.S.E.

"G. FORTESCUE, M.B., M.R.C.S.E."

THE well deserved, but tardily bestowed distinction of C.M.G. has been conferred upon the Honourable W. McGregor, M.D., of Suva, who has done excellent service as Chief Medical Officer and Receiver General for Fiji, in addition to all manner of important work outside of the medical and the financial departments.

THE Hon. William McGregor, M.D., C.M.G., Chief Medical Officer and Receiver-General for Fiji these last six years, proposes shortly to take twelve months' holiday, for the purpose of revisiting the home country and the continent of Europe, and it has been arranged that Dr. Corney shall act as his *locum tenens* in so far as the duties of Chief Medical Officer are concerned.

THE partnership hitherto existing between Dr. S. Hammond and Dr. J. F. Lovegrove, of Timaru, New Zealand, has been dissolved by mutual consent.

DR. JOSEPH HENRY LITTLE, late of Charters Towers, has commenced practice at Wickham-terrace, Brisbane.

DRS. R. T. WYLDE and Melville Jay, of Archer-street, North Adelaide, South Australia, have entered into partnership.

LETTERS have been received by relatives of Dr. Thomas H. Whittell, late of Adelaide, but now on a visit in the old country, conveying the information that he intended leaving England in September *en route* for Adelaide, where he expects to arrive during March, 1882.

DR. JOHN MICHAEL GUNSON, an old practitioner of South Australia, and a prominent member of the Roman Catholic Church, was installed as a Knight of St. Gregory the Great by his Lordship Bishop Reynolds, at Adelaide, on Sunday, August 21st.

DR. CARL WILHELM HEINEMANN, late surgeon to the hospital at Charters Towers, Queensland, and to the Bulli Collieries, N.S.W., has succeeded to Dr. Southam's practice at Orange, who has removed to Dubbo, N.S.W.

DR. W. H. TIBBITS, who was for many years honorary surgeon of the Dubbo Hospital, N.S.W., having left the district to practise his profession at Petersham, near Sydney, his departure was made the occasion, by his many friends, of testifying their appreciation of his personal worth and public services. On Monday evening, September 5th, Mr. Cass, M.L.A., and Mr. M. E. Maher, the President of the Dubbo Hospital, waited upon Dr. Tibbits, and presented him with a beautifully illuminated address, which paid a high tribute to the professional skill of the recipient, and the zeal he had shown in attending to the patients of the institution, since it was founded, and concluded with expressing the hope of the subscribers that the doctor and his family would be long spared to enjoy health and prosperity. Dr. Tibbits replied in suitable terms.

Gentlemen desirous of becoming Members be good enough to communicate with the Hon. Secretaries, as under, who will take the necessary steps to further their election by the respective Councils.

New South Wales Branch—Dr. Frederick Milford, Elizabeth-street, Sydney.

South Australian Branch—Dr. W. L. Cleland, Adelaide.

Victorian Branch—Dr. Louis Henry, Collins-street East, Melbourne.

The Australasian Medical Gazette.

SATURDAY, OCTOBER 1, 1881.

EDITOR'S ADDRESS.

PREVIOUS to the inauguration of the Australian Branches of the British Medical Association the want of an organ common to all the colonies devoted to medical literature, and an advocate of the interests of the profession, was severely felt. Concomitant with the first meetings it was seen that the daily newspapers were by no means fitted to be exponents of the numerous scientific and social subjects discussed, and that a journal was required which should contain full and trustworthy reports of the discussions of the Branches, publish such papers of interest as might be deemed desirable, generally tend to advance medical knowledge, and maintain the honour and interests of the profession. The AUSTRALASIAN MEDICAL GAZETTE is the first truly comprehensive Australasian medical newspaper, as it represents the Victorian, South Australian and New South Wales Branches. More than this—it will tend to increase the bond of union with the mother country which the Branches have been the earliest to commence, and perhaps hasten the federation of the colonies, which all loyal Englishmen who have considered the subject and Australians have so greatly at heart.

Since the decease of the original Australian Medical Journal, the first number of which was published in Sydney, August 1st, 1846, and initiated medical journalism in Australia, we have had various efforts tending in the same direction, but these periodicals, though containing most able articles, carefully edited and ably printed, failed to preserve the vitality so apparent in most of them. From various causes the greater number succumbed. One, however, has stood the test of longevity, and still flourishes. We allude to the Australian Medical Journal, now in its twenty-sixth volume. The careful editorship of Dr. Neild, and the various Medical Societies of Victoria, the discussions at the meetings of which were fully reported in its pages, with the intrinsic merit of the publication itself, explain its arrival at the present stage.

We purport to make our journal not only readable and long-lived, but we hope to go hand in hand with the advances which science is making daily with such rapid strides. Our programme for each number is as under—1st. Original Papers; 2nd. Reports of the various Branches; 3rd. Reports of other Scientific Societies; 4th. Leading Articles; 5th. Medical News; 6th. Association Intelligence; 7th. Correspondence; 8th. Medical Appointments; 9th. Hospital Intelligence; 10th. Obituary,—in fact, to follow as near as we can in the footsteps of the British Medical Journal, with occasional alterations, in following this arrangement. We have promise of support from numerous friends whose literary abilities are beyond question, and trust with their assistance to make our journal sufficiently interesting to repay perusal. Also, the pecuniary support seems freely offered, and our list of subscribers encouraging. It has been argued that the profession does not require a journal here at all, and that Australians should be quite content with the information obtainable by reading medical periodicals published in Europe. Our views on the matter are diametrically opposed to this argument. The spread of knowledge originating in Australia should be fostered in every way. As the collateral sciences incident to the practice of medicine are essentially progressive, it has been in the past, and may be in the future, that Australia may take her share in advancing them. By means of this periodical we trust to be able to disseminate any original scientific idea which has had its origin in Australasia, to

impart a thorough system of medical news, and reproduce copious extracts from the more interesting items contained in the various European medical periodicals. Every subscriber's interests are, we presume, more immediately centred in Australia than Europe,—Australia being his adopted country—so Australian news, medical or otherwise, will be at least of equal interest to him as that of European.

The proprietors of the journal promise to spare no pains or pecuniary means to advance it. Those otherwise interested in its welfare also intend to use their best efforts to make it a success, so that it may be found worthy to take its place as the exponent of the scientific views of members of the profession in Australia.

SMALL-POX IN NEW SOUTH WALES.

NEW South Wales is at present troubled with an epidemic of small-pox. The disease made its appearance early in June, the first case in which it was recognised being that of a child, the daughter of ON CHONG, a wealthy Chinese merchant, whose residence and place of business was in Lower George-street, Sydney. Since then 54 cases of the disease have occurred, which have resulted in the recovery of 36 persons, and in the death of 18. The mode adopted by the Government for the prevention of the spread of the disease cannot be considered as likely to have benefited the persons attacked, and it may fairly be adduced that the treatment adopted has, in some of the cases, caused the death of the patients. In the absence of any Health Act amongst the statutes of New South Wales, the Government, we presume, acted upon the following permission, which appears in the 2nd section of 3 William IV., No. 1, and reads as follows: "In case of any sort of infectious disease appearing or breaking out in New South Wales or its dependencies the Governor and Executive Council are empowered to make such orders and give such directions in order to cut off all communication between any persons infected with any such-disease and the rest of Her Majesty's subjects as shall appear to the said Governor and said Council to be necessary and expedient for such purpose." Under the powers thus conferred many of the patients, in fact the greater number, have been conveyed to the Quarantine Station from their homes with the variolous eruption out on them. In one case we hear of a woman who was placed in an open whaleboat by herself on a tempestuous night, in the middle of winter, on the fourth day of the eruption, and towed down the harbour astern of a steam launch the distance of about seven miles. We do not *vouch* for the truth of this, and we trust it is but a rumour, but it has been put forward as a fact by the daily newspapers, and has been uncontradicted by the Government. Again, persons have been shut up in the same houses with others suffering from small-pox, undergoing quarantine, and here, we think, was a gross blunder. Why could not those who were not suffering from the disease be removed to a place where they could be quarantined apart, while the affected persons remained with nurses in each infected house? We repeat, the Government, in their attempts to stamp out the disease, might have done much better than they have done, had they been properly prepared, although the energetic efforts they have made to avert so sad a calamity, have had the effect, to a great extent of subduing the outbreak. New South Wales is conspicuous for her wants of medical and sanitary legislation, and had she possessed a Board of Health prepared to meet the demands on such an occasion, with all its machinery ready at a moment's notice, she would have been in a much better state to stamp out the disease in a quiet, effective, inoppressive manner than she has done. New South Wales, we believe, is the only one of the group of the Australian colonies which is without a Health Act, and in consequence has been without a Board of Health, until the Ministers appointed the present excellent one. We look forward, in hope, to a Health Bill being laid before Parliament previous to the end of the present session, and possibly to the appointment of a Minister of Health, certainly as much required as a Minister of Lands or of Mines. The Government of New South Wales is said to

be very powerful, and able to carry any measure that it undertakes. A deputation from the New South Wales Branch of the British Medical Association, a short time since, waited upon the Colonial Secretary, pointing out the necessity of, and requesting him to bring in a Compulsory Vaccination Act, and by that means alone save many lives. It was mentioned that Victoria, New Zealand, Queensland, and South Australia possessed such an Act. Let us hope that the head of the present powerful Ministry of New South Wales will follow out the suggestion and use his power and influence for the passage of a Bill, which will at least put her on the same footing with the dread disease as the other colonies are. Eighteen deaths having already taken place, let us hope the powerful prophylactic which we possess may be put in force in such a way so that vaccination and re-vaccination may be allowed to drive out from its present Sydney habitat the dread disease.

We understand almost all the medical men in New South Wales are either as Government vaccinators or private practitioners vaccinating daily, and during the last three months a large number of persons have most successfully undergone the operation. But many more, perhaps half the population, require the power of this prophylaxis against the disorder, which is the most direct and the most powerful known against any Zymotic disease. A means so easy to expel the disorder should at once be made use of.

MEDICAL NEWS.

ADULTERATION OF FOOD ACT IN TASMANIA.—The "Adulteration of Food" Act, passed last session by the Parliament of Tasmania, has remained inoperative for the want of a Government analyst. It would appear that the Government are now going to take action, for provision was made in the estimates submitted to the Tasmanian Parliament on Wednesday, September 7th, for the salary of such an officer, and the expenses of the office, the Colonial Treasurer stating, that the Hon. Dr. Agnew would select a competent man for the work in the old country. The reason given for the delay was that a competent man could not be found in the colony.

The Government of New Zealand offered £50 a year to a certain medical practitioner in Christchurch, to attend the Maoris at Kaiapoi (14 miles from Christchurch), he finding the medicine; however, as the latter alone amounts to more than the salary, the offer was declined with thanks.

At a recent meeting held at Christchurch, N.Z., it was resolved to erect a monument to the memory of Dr. Donald Campbell and family, who perished by the wreck of the Taranui; the subscriptions are limited to one guinea.

DR. BEALE, Coroner for Hamilton, Prov. Auckland, N.Z., stated that during the time that he has been Coroner, he has held 100 inquests on persons drowned in the Waikato River.

At the recent large fire at Tauranga, Prov. Auckland, N.Z., Dr. Ginders' residence narrowly escaped entire destruction, a portion of it being twice on fire, but the blaze was each time extinguished.

We understand that the Government of South Australia intend converting the Mercantile Marine Office at Port Adelaide into a casualty hospital, transferring the shipping department to the present courthouse on the new building being finished. A sum of £600 will be set aside for fitting up the former large room of the Custom House to receive patients, and for affording the necessary conveniences for their treatment.

UNFIT FOR HUMAN HABITATION.—The South Australian Central Board of Health having been consulted by the Port Adelaide Local Board as to a large number of houses in the town medically certified to as unfit for human habitation, recently paid a visit of inspection to them. There were present Dr. Gosse, the Chairman, Mr. R. G. Thomas, the Secretary, and Inspector Ellis. The Central Board, refraining from expression of opinion on the merits of the matter, have since referred the Local Board to the Health Act for guidance as to the steps proper to be taken.

The ceremony of laying the foundation stone of the Adelaide Eye Infirmary was performed by His Worship the Mayor of Unley (Mr. W. Townend) on Saturday afternoon, August 20th, in the presence of a large number of people.

At the monthly meeting of the Pharmacy Board of Victoria, held at Melbourne on June 19, the recognition of the new School of Pharmacy in connexion with the Melbourne Industrial and Technological Museum, was agreed to, and will be submitted to the Governor-in-Council for confirmation. At the same meeting the final consideration of the new regulation having reference to compulsory passing of

the preliminary examination before apprenticeship, was postponed until the next meeting.

The Pharmacy Board of Victoria, as an examining body, sat on the 7th June, when the first practical Pharmaceutical examination since the passing of the Pharmacy Act, 1876, was held, and all the candidates who presented themselves passed.

The Pharmaceutical Society of Victoria has resolved that annual prizes, consisting of handsome gold medals, shall be given to students passing the best examinations at the School of Pharmacy in materia medica, botany, and practical and elementary chemistry. Competitors to be registered apprentices of the Society. The Society intends asking the Government of Fiji to recognise the certificates granted to chemists in Victoria as of equal value with the certificates issued by the Pharmaceutical Society of Great Britain.

The Sydney St. Vincent's Hospital annual ball took place on the night of September 7th. It was a very brilliant affair, plain and fancy dresses. A considerable amount, no doubt, will be added from the proceeds to the treasury of this very deserving charity.

MEDICAL APPOINTMENTS.

Fiji.

Corney, —, M.D., to be Acting Senior Government Medical Officer for Fiji, vice Dr. William McGregor, C.M.G., on leave of absence.

NEW SOUTH WALES.

Beattie, Joseph Aloysius, L.K.Q.C.P. et R.C.S. Irel., late Asst. Med. Supt. Parramatta Lunatic Asylum, to be Resident Medical Superintendent, Quarantine Grounds, Port Jackson.

Harvey, Richard Richards, M.D., to be Additional Vaccinator for district of Hay. Large, William, L.F.P.S. Glas., to be Additional Vaccinator for the district of Tumut.

Mackellar, Charles Kinnaird, M.B. et Ch.M. Glas., of Sydney, to be a Member of the N.S.W. Board of Health.

Murray, John Richard, L.R.C.P. Edin., L.F.P.S. Glas., to be Government Medical Officer for the district of Glen Innes, vice Dr. Dennis, resigned.

Parker, Arthur Frederick, M.R.C.S. Eng., L.S.A. Lond., of Lismore, to be Travelling Government Vaccinator for districts of Richmond and Tweed Rivers.

Tristram, William, M.R.C.S. Eng., of Warkworth, to be Additional Vaccinator for district of Patrick Plains.

West, Arthur Annesley, M.D. Dub., F.R.C.S. Irel., &c., of Glebe, to be a Member of the N.S.W. Central Board of Health.

NEW ZEALAND.

Chilton, Maurice Alfred, L. et L. Mid., R.C.P. et R.C.S. Edin., late of Christchurch, N.Z., has been appointed Surgeon to the Hospital at Waimate, at a salary of £300 per annum.

Neill, Alexander H., M.D., of Dunedin, has been appointed Resident Medical Superintendent of the Mount View Lunatic Asylum, Wellington, vice Dr. Skae, removed.

QUEENSLAND.

Brown, David Graham, M.D. Q. Univ. Irel., L.M. Dub., has been appointed Government Medical Officer at Roma, vice Jacob de Leon, M.R.C.S. Eng., resigned.

Matheson, Murdoch, M.D. Queen's College, Kingston, Canada, late of Brewarrina, N.S.W., to be Medical Officer to the Hospital at Aramac, vice Sidney Walker Spark, L.R.C.P. et R.C.S. Edin., resigned.

Prentice, Charles, Brisbane, M.R.C.S. Eng., L.S.A. Lond., to be Medical Inspector under the Queensland Board of Health.

Robertson, Archibald C., M.D. Peru, M.R.C.S. Eng., to be Health Inspector for the City of Rockhampton for six months.

Swayne, Herbert Wigan, M.R.C.S. Eng., L.S.A. Lond., to be Government Medical Officer at Springsure.

SOUTH AUSTRALIA.

Baily, Frederick William, M.D., of Norwood, to attend Destitute Children at the Magill Industrial School.

Featherstonhaugh, William, M.B. Dub. et L.R.C.S. Irel., to be Public Vaccinator of district of Koolunga.

Gerney, Albert, M.D., to be Public Vaccinator for district of Redhill.

Mahony, Eugene Augustus, M.R.C.S. Irel., L.A.H. Dub., of Adelaide, to be Public Vaccinator under the provisions of Act No. 21 of 1872.

Zichke, Julius G. A., M.D. Berlin, to be Public Vaccinator for district of Reynella.

TASMANIA.

Crouch, Ernest John, L.S.A. Lond., M.R.C.S. Eng., to be Public Vaccinator for districts of Clarence and Franklin.

Dundas, John Henry, L.R.C.S. Irel., to be Public Vaccinator and Acting Health Officer for the Don, Forth, Leven, and Penguin districts.

Giblin, Edward Owen, M.R.C.S. Eng. M.D. et Ch.M. Aberd., to be Health Officer for City of Hobart, vice Dr. E. S. Hall, deceased.

Homan, Frederick, L.F.P.S. Glas., of Stanley, to be Public Vaccinator for Circular Head.

Naylor, Henry George Horace, L. et L. Mid., R.C.P. et R.C.S. Edin., to be Public Vaccinator for the district of Campbelltown.

Oldmeadow, J. H. P., M.R.C.S. Eng., to be Public Vaccinator for the district of Eyrevale.

VICTORIA.

Dickinson, George Dixon, M.R.C.S. Eng., M.B. et Ch.M. Edin., to be Public Vaccinator for Essendon and Flemington, vice J. Gibson, Esq., deceased.

Jackson, William Harvey, L.A.H. Dub., to be Public Vaccinator for Mornington.

Miller, Hubert Lindsay, L. et L. Mid., R.C.S. et R.C.P. Edin., M.D. et Ch.D. et F.D. Brussels, has been appointed Resident Medical Superintendent of the Melbourne Hospital, at a salary of £450 per annum.

Poulton, Benjamin, M.B. et Ch.B. Melb., M.R.C.S. Eng., to be Health Officer for Wangaratta.

Scott, Walter, M.R.C.S. Eng., to be Health Officer for Queenscliff.

Thomson, John Rae Menzie, Belfast, M.B. et Ch.B. Melb., to be Public Vaccinator for district of Kirkstall, vice C. Featherstonhaugh, M.D., resigned.

Walker, George Richard P., L.S.A. Lond., M.D. St. And. M.R.C.S. Eng., to be Public Vaccinator for district of Fern Tree Gully.

ASSOCIATION INTELLIGENCE.

MELBOURNE AND VICTORIAN BRANCH.
ANNUAL MEETING.

THE second annual meeting of the Victorian Branch of the British Medical Association took place on Friday evening, July 15th last, in the hall of the Royal Society. Dr. Cutts, the President for the past year, occupied the chair, and there was a large attendance of members. Amongst the correspondence submitted was a letter announcing the formation of a sub-branch of the association at Ballarat.

The Hon. Secretary then read the report of the Council as follows:—

"Your Council, in presenting its second annual report to you, experiences great pleasure in expressing its thorough satisfaction at the progress this Branch has made, and the success that has throughout attended the objects and extension of the Victorian Branch. The Committee of Council of the British Medical Association, at a meeting held at Cambridge, gave formal recognition to this Branch, and passed a resolution congratulating the Victorian Branch, and offering a warm welcome to the same. A vote of thanks was also tendered to the promoters of the Branch. Our number of members has increased from 62 to 85, and the reports received from time to time from the other Branches in the sister colonies are equally reassuring as to the healthy and rapid increase in numbers and influence. The establishment of a journal for the combined Australasian Branches, to which mention was made in our last report, has now been finally decided on, and negotiations have been carried on between this Branch, the New South Wales, and the South Australian Branches, for some time back. The final arrangements are now all but complete, and we may expect to see the first number of the Australasian Medical Gazette appear in a few weeks. The journal will be published by Mr. Bruck, a gentleman who has earned the full confidence of your Council by evidences of indefatigable energy and conscientious interest in the matter he has taken up. Your Council has appointed Drs. Neild and Jamieson as the local editors, and arrangements have been made to secure contributors from all parts of Australasia, so as to insure a thoroughly intercolonial representative journal. The Australasian Medical Gazette will appear monthly, in the form, size, and contents of the British Medical Journal and the Lancet. The yearly subscription to members will be 12s. Arrangements have also been made so that contributors may demand a number of printed copies of their papers without extra charge. The Branches have further arranged with the publisher that they incur no responsibility whatever in connection with the journal. Your Council believes that some more satisfactory arrangements will be shortly entered into with the home association, so that extra copies of the British Medical Journal may always be on hand to supply new members of the Branch with their journals without delay. Your Council, in the interests of the general public, has taken up the serious question of the adulteration of milk and other food, in order to overcome the difficulty of proceeding to obtain a conviction against the sellers of adulterated food, and we have been given to understand that special attention to this will be taken in a new Health Bill about to be laid before Parliament. Your Council has further moved, with success, to prevent the indiscriminate admission of persons who when they have met with an accident seek admission to the public hospitals. A communication from the Secretary of the Melbourne Hospital, bearing on this matter, contained a promise that the visiting committee of the Melbourne Hospital would give this matter every consideration, and a similar letter from the Chief Commissioner of Police informed the Branch that, in accordance with the request of the Council, the police had been instructed to inquire of persons who have met with an accident whether they prefer being taken to their own homes or to the hospital. The anti-vaccination movement has been under our consideration, and preparations had been made to take steps to oppose this movement if it had assumed any serious form. We further drew attention to the inadequate remuneration of professional experts attending the Supreme Courts. The bye-laws have been added to, one to the effect, 'That at the end of the year three members of Council shall retire, who shall not be eligible for re-election.' Three members accordingly withdrew from re-election, at their own request, namely—Drs. McMillan, Rudall, and Browning; and, second, 'That it shall be in the power of the Branch, on the

recommendation of the Council, to elect honorary members who need not be necessarily members of the medical profession, on a vote of three-fourths.' After the acceptance of this bye-law by the Branch, Mr. R. L. J. Ellery, F.R.S., was elected honorary member. The subjects of public health and sanitation have received the uppermost consideration of your Council, and in consequence of the uneasiness existing in the public mind in reference to the impurities of the Yarra Yarra water, a sub-committee has been appointed for the purpose of collecting information and particulars in all cases of disease which may be considered as producible by the condition of our drinking water. The same committee has also to consider it their duty to examine for themselves in a practical way the condition of the Yarra Yarra river in and near Melbourne, and also the condition of the underground drainage in the low-lying streets of the city. One of the results of the sub-committee was the forwarding of the following resolution, unanimously passed by the Branch, to the Chief Secretary of Victoria:—'This meeting of the Victorian Branch of the British Medical Association, being convinced of the importance to the community of keeping pure the rivers and brooks of any country, respectfully but earnestly invites the attention of the Government of Victoria to the necessity of stringent resolutions by statutory means for preventing absolutely and without exception, refuse of any kind finding its way into the streams of this colony.' Your Council has great pleasure in reporting the formation of an important sub-branch in Ballarat. The occasion of Mr. Rudall's departure for Europe was made use of to present that gentleman with an address, as an expression of the respect and admiration for his scientific attainments. Mr. Rudall was appointed to act as the representative of this Branch while in Europe. We regret to record the loss of one of your most esteemed members, Dr. Day, to whose widow a letter was forwarded expressing the deep respect entertained by the Association for the memory of her late husband. There have been four ordinary meetings during the year, and twelve papers read. A large number of exhibits were demonstrated at each meeting."

The treasurer's report, as under, was then submitted:—

BALANCE SHEET TO 30TH JUNE, 1881.

Dr.			
To balance in hand 30th June, 1880	...	...	£7 3 1
To refund from B.M.A.	...	...	2 17 0
To 66 subscriptions at £1 10s.	...	...	99 0 0
To 1 (balance sent home by subscriber)	...	...	0 6 0
			£109 6 1
Cr.			
By 66 subscriptions for the B.M. Journal	...	...	£77 11 0
By printing	...	...	14 0 0
By hallkeeper	...	...	0 18 9
By Secretary's expenses	...	...	1 7 6
By Mr. Clements for refreshments	...	...	1 6 6
By Troedel and Co. for preparing testimonial	...	...	3 3 0
By balance in hand	...	...	10 9 4
			£109 6 1

These were adopted without discussion.

The election of officers for the ensuing year was then proceeded with, the following being the result—President, Dr. Neild; Vice-President, Dr. Jamieson; Treasurer, Dr. Cutts; Hon. Secretary, Dr. Henry; Ordinary Members of Council, Dr. Graham, Mr. Gillbee, Dr. Morrison, Dr. Adam, Dr. Shields, and Dr. Fyfe; auditors, Dr. Haig and Mr. W. Barker.

The newly-elected President (Dr. Neild) then took the chair, and the retiring President (Dr. Cutts) read the following address:—

Mr. President and Gentlemen,—In the short address I am expected to give in retiring from this chair I shall not limit myself to matters that are strictly professional, but shall use the opportunity it presents, as one that does not often occur in the life of a non-public man, to express my views on some topics that have a general as well as professional interest, and on which I may be supposed to speak with some little authority. And let me first congratulate you on the position and prospects of the Victorian Branch of the British Medical Association at the end of this, the second year of its existence. We have now a roll of over eighty members; a sub-branch has been formed at Ballarat, and others are likely to follow in other parts of the colony, whilst flourishing independent branches have been established and are now in full operation in Sydney and in Adelaide. Of the work of the year among ourselves, the Secretary's report will give you full information, and I need only say that

our general meetings have been interesting and profitable, and the meetings of the Council marked throughout by unanimity and good feeling, and I venture to say that the chit-chat, not unfrequently weighted with grave discussion, we have had at each other's houses after the routine of business had been disposed of, will be among the pleasantest recollections of the year. And this is the place to explain that when I consented to assist in the formation of this Association it was from no feeling of opposition to the local medical society, of which we are most of us members, and some of us among the oldest members, but from a conviction that it had a work of its own, distinct from that of the local society, and that required a separate and independent organisation; that work being, in brief, the federation of all the Australian colonies under the headship of the parent society. Our politicians have talked about federation, and it has been little else than talk; for whilst professing the most brotherly sentiments, they have been deliberately setting up barriers against mutual intercourse, as if we in Victoria were a privileged race, and could live by and for ourselves, and those on the other side of the Murray and of Bass's Straits were only "heathen Chinee," with whom it were contamination to have dealings. Now we are trying to show our politicians a more excellent way, and have made a good beginning. Already, as I have said, branches of the parent society have been formed in Sydney and Adelaide, with a prospect of the other colonies of the group following suit; whilst arrangements are in progress to bring out a medical journal that shall be the organ of them all. And the advantages of such a federation are obvious. It will bring the profession throughout Australia closer together in sympathy, interest, and action, and associate us in a common brotherhood. It will inspire a sense of union that will increase our corporate strength and influence, and so be a bond of defence. It will be the medium for the discussion of those local professional matters that are proper to the several colonies, and such as have a common interest for the whole. It will also be an organisation for work. The field is large, extending from Queensland to New Zealand, and it will be the business of the Association to cultivate it, to bring together through its branches and journal the observations and experiences of this vast area, with its various conditions of climate and vegetation, that would otherwise be scattered and fragmentary, so as to make them the common property of the profession. We shall thus individually profit by each other's experience, and be supplied with the materials for forming those general views that science requires, and without which medicine is an isolated and empiric art. In this way we may hope to arrive at a better knowledge of Australian diseases, their etiology, geographical distribution, and modifications under climatic and other influences; of Australian remedies, a field hardly yet touched, but whose resources may be imagined from the results already obtained from eucalyptus oil and other products of the Australian flora; of the history and laws of contagion, of hygiene, sanitation, medical statistics, &c. We shall also be able to take up with advantage questions of medical ethics, education, and reform, and many others that have a general professional interest, and in which we may look for the sympathy and counsel of our brethren at home. I now proceed to some matters that have both a general and professional interest; and I begin with hospital reform, and shall treat it as part of the larger question of how best to deal with our sick poor. You are aware that this has been talked and written about for years, but the other day the public took one of those violent reforming fits that break out periodically, like the measles, and the result was the late hospital election, that made a clean sweep of the retiring management, good, bad, and indifferent. And so we have got fresh blood into the committee, and they have set about their work well, and are at present engaged in inquiring into the whole system of hospital management. And this is as it should be, for it is the system that wants altering, as the abuses that now exist are too deep-rooted to be eradicated by any mere change in the *personnel* of the management; and the most crying abuse of all, the resorting to the hospital for medical relief by persons who are by no means poor, is not to be corrected by any extravagant vigilance on the part of an honorary committee. This abuse is admitted on all hands, and assumes its most flagrant form in the out-patients' department. No doubt persons are frequently admitted as in-patients who are not absolutely poor, but for many of these a good case may be made out. Some are cases of serious accident. Others require special professional attendance and nursing, not to be got elsewhere with their limited means. Some are servant-girls, who when taken ill cannot remain in their places, and have no friends in town; and others come from the country, drawn by the reputation of the hospital, with just money

enough to bring them to town and take them home again. The admission of these and the like can hardly be called an abuse, as it is a necessity, though it is open to consider whether such of them as can afford it should not be required to pay something, according to their means and the benefits received. But for the habitual abuse of the out-patient department nothing can be urged in extenuation, as they could all be treated as well elsewhere, and at least one-half of them could afford to pay for it; and this is not merely a loss to the hospital and to the tax-paying public, but is a fruitful source of demoralisation to the people themselves, and contains within itself the elements of national degeneracy. Now, in order to apply an effectual remedy, we must bear in mind that the persons we are now dealing with are not all alike. Some are schemers who never pay for what they can get for nothing, and others are poor and deserving. But the majority of those who crowd our out-patient halls are neither the one nor the other, but are made up of the more or less improvident poor, some of them improvident beyond recovery, the true pauper class, who will not, or cannot, help themselves. But the bulk of this intermediate class have not reached this stage, and are not to be classed with the recipients of ordinary charity. They have not entirely lost their self-respect, and as yet are but little tainted with the pauper spirit. Some are thoughtless rather than consciously wrong-doing, and have not realised that it is charity they are seeking, and perhaps have come to think that they need not trouble to provide themselves with medical attendance, &c., when the State and the public are so ready to do it for them. Others are ignorant rather than deliberately wasteful and self-indulgent, and need to be taught the benefits of thrift, and how to be thrifty. Now what is wanted for these and others, who it is to be hoped need but to be shown a better way to take it, and thus helped to help themselves, is to utilise the principle of co-operation, which in the form of sick clubs, benefit societies, &c., has already done so much good service, and needs but to be extended on the old lines and organised on new ones to do a great deal more. Why, for example, should not almost every poor man in the colony join one of these societies? There are plenty of them, Oddfellows, Foresters, Druids, &c., and the subscription is somewhere about a shilling a week, for which the member obtains medical advice and medicines for himself and family, and 20s. weekly when sick, besides sundry other allowances. Now is it credible that there is any considerable number of persons in this colony who are unable to spare this amount out of their weekly earnings, if they would but exercise a little thrift and self-denial? It is but a matter of drinking a glass of beer less per day, and the thing is done; and it is to be feared that there are thousands in this city of so-called poor who spend as much in unnecessary self-indulgence as would make them members many times over. But it may be objected that these societies are not open to everybody; that a high standard of health is required that shuts out all but the robust; that persons beyond a certain age are not admissible, &c. Now it is obvious that these objections do not show the inapplicability of the co-operative principle to the case before us, but only, as I have before remarked, that it may have to be organised on fresh lines; and, in fact, its application to the providing medical relief to all but the very poorest is so easy that under the simplest arrangements every man and woman in the colony able to save a few pence weekly might be included. Let some of our public-spirited citizens turn their thoughts this way and take the lead, and, as a beginning, let them follow the example of the old country by opening provident dispensaries in the city and suburbs. These would be open to everybody on a small weekly payment, yet, being strictly self-supporting, the pauper element would be excluded, and so they would both relieve our charities, and be an education in some of the best qualities of citizenship. Many of the provident poor would no doubt at once avail themselves of anything of this kind got up on their behalf; others would have to be educated up to it, and a good many perhaps shamed into it. But once that a beginning was fairly made, public opinion would grow; the present pauperising system would get discredited; the luxury of self-help would come to be felt, success would win success, and before long provident associations of some kind or other would be found everywhere. And to help in this, it should be sought to create a healthy public sentiment on the subject. The press and the platform might take it up and insist that people have no right to squander their means in self-indulgence, and then throw themselves as a burden on the State or their neighbours; that to do this is mean and dishonest, whatever other names it may go by; that the bulk of our poverty is self-induced, and is therefore not a misfortune, but a crime; that the pauper spirit in our midst is an anomaly and a disgrace, and out of harmony with our free institu-

tions; and that those only are fit to be entrusted with political self-government who have first learned to govern themselves. Let a spirit of self-respect and self-reliance, habits of industry and thrift be inculcated and encouraged by those in authority; by employers among their men, masters among their servants, ministers of religion among their people, and by schoolmasters in their schools; and I venture to say that if as much were done in this direction as might be done, an effectual check would be given to the pauper spirit which is growing up among us and is demoralising the people, impoverishing the State, and breeding in our midst a proletariat more dangerous than the presence among us of any number of Chinese. And the friendly societies themselves might help in the matter if they would aim at realising the spirit and intent of their institution. Let them pass by the rich and seek out the poor. Instead of laying themselves out for men of means and social position, let them try to overtake that large class below them for whose benefit they were originally intended. The club system in principle is one of the most useful forms of co-operation, but it has been abused. It has been worked in an exclusive and monopolising spirit, and as a money-making rather than as a provident concern. The aim has been all through to maintain a high average of "respectability," so as to accumulate funds, and to show an imposing front, and the result is that numbers of the wage-earning classes who most need the benefits of co-operation have been left outside. If I am asked what I have to propose, an obvious suggestion is that a supplementary scale of payments might be adopted to cover respectively a reduced sick allowance with medical attendance, and medical attendance only. This would be an inducement to some to join who have to look at every penny, as less than 20s. a week will go a long way in providing necessities and even comforts in a poor sick home, and others could get along well enough in ordinary sickness if they had not the doctor and druggist to pay. The present club system might thus be made more comprehensive, and so more generally useful, without impairing its stability or altering its character as a business institution. But when the best has been done, there will still be a large number remaining outside whom no appeal can move, and no provident institution can reach—the true pauper class who will not or cannot keep themselves, and made up largely of the idle, the improvident, and the intemperate. These must not be allowed to want in their extremity, however their poverty and sickness may have been induced. They are entitled to necessities, but nothing more, and these must be supplied, not by Lady Bountifuls, nor by sentimental committees, but by the strict official hand. With this view I would open free dispensaries in three or four of the chief centres of population round Melbourne, say Hotham, Windsor, East Collingwood, and Richmond, each managed and supported by its own municipal body, and provided with a medical officer and a relieving officer, who might be the rate collector as well. It would be the business of the latter to receive all applications for medical relief, to investigate each case, and if satisfied, to give an order on the medical officer for the attendance required, whether at the dispensary or at the patient's own home. Melbourne proper, with its hospital, might be made a special case. The out-patient department might serve as the free dispensary for the city, and the relieving officer be appointed by the committee. All cases, except those of emergency, would have to go before him for investigation, and if the result was satisfactory they would be passed on to the medical superintendent to judge of their professional requirements, and no case would be admitted, whether as in or out patient, that had not gone through this ordeal. The relieving officer for the city would thus do what is now supposed to be done by the admission committee, and a strict investigation would take the place of an empty form. As a public officer he would have only the public to serve. Appointed and paid to do certain work, he would be held responsible for doing it, and have nothing else to do; and holding office during good behaviour, he would soon acquire such a familiar knowledge of the persons he had to do with as would enable him readily to detect imposture. In all these respects he would have greatly the advantage of the amateur and occasional committeeman, well-intentioned, no doubt, but inexperienced, practically irresponsible, and sometimes perhaps fussy and self-seeking. If it is objected that this plan will abolish the present system of recommendations from subscribers, and cause them to withdraw their subscriptions, the reply is—

1. That these recommendations are a sham, as they are given without inquiry, and as no necessitous person ought to need, or does in fact need, a recommendation from anybody.
2. That these subscriptions ought to be regarded as a benevolence, and not as a *quid pro quo*; and
3. The withdrawal of subscriptions, if it were to happen,

would bring about a better system, which must come sooner or later, the support of our strictly charitable institutions exclusively by public funds. Now this scheme, taken in its entirety and worked all round, would (1) reduce imposition to a minimum, not only because the investigation in each case would be more strict, but because the very fact of having to apply in this way would open the eyes of the applicants, if anything would, to the real nature of the relief sought, which is apt to be overlooked when it reaches them through private hands or sympathising committees; (2) it would draw a much-needed distinction, a hard and fast line that everybody could see, between those who provide for themselves and those who do not. The public dispensary, being a charity pure and simple, and known as such, whoever applied to it would proclaim himself a pauper, and be so regarded by his neighbours, and so a healthy public opinion would be created that might reform some and deter others; and at least we should know who they are that we have to support, and this would be a gain, as it is desirable in the interests of public morality that the honest and self-supporting poor should be openly distinguished from the pauper class, made up largely, as I have said, of the idle, the intemperate, and the improvident.

3. It will furnish the sick poor as such with the relief they require, including, when necessary, attendance at their own homes, and which the State or the bodies that represent the State are bound to provide, when from any cause they cannot provide it for themselves. At present their case is not met, and those who cannot get to one or other of the hospitals would be entirely neglected if it were not for a few self-denying medical men who give themselves to this work, or for the occasional services of the nearest doctor. Since writing the foregoing the report of the sub-committee appointed to consider the whole subject of the professional supervision of the hospital has appeared in the public prints, and I have to remark on it:—1. It is undesirable to put the responsibility of admissions on the medical superintendent, as he will neither have experience in this sort of work nor time to attend to it.
2. The provident dispensaries should not be managed by the municipal bodies, but by committees of private citizens, and they should not be supported in any degree by the contributions of the well-to-do, as this would introduce the element of charity, which should be entirely excluded, as it is desirable to emphasise the distinction between these and charity institutions, such as the free dispensaries, and this can only be done by making them strictly self-supporting, and working them on entirely different lines.
3. The proposal to check imposition by requiring the applicant to make a statutory declaration of his poverty, or to get his governor's recommendation signed by "an officer of a recognised district visiting society," is, I fear, of doubtful efficacy. A statutory declaration is worthless unless there is the power to punish for making it falsely, and a conviction could only be obtained in extreme cases. And who are these officers referred to? If they are paid officials, why should not the hospital have one of its own? If not, what assurance have we that such amateur arrangements will be more successful than those that have so signally broken down already? The proposal to charge some of the applicants for their medicines is reasonable enough, and would undoubtedly lessen their number, as many would stay away if their attendance cost them the smallest coin in the realm; but from my point of view it is vicious in principle to associate paying and non-paying patients in the same institution, and it is unnecessary, as whoever can afford to pay what the committee propose can afford to join a self-supporting dispensary. On the whole, I am of opinion that the recommendations of the committee, if carried out, will in some respects be an improvement on the present system, but I prefer my own, as more radical and comprehensive. The year has been eventful in the matter of public education. A bill has passed both our Houses of Legislature changing the constitution of the University Council, extending the powers of the Senate, and opening the University to women, though they are still excluded by the amendment of Sir Charles Sladen from the Council and Senate, and from the medical school. On the general subject of women's rights thus suggested, I have only to say that if they are to follow up their University studies by entering the learned professions, and thus compete side by side with men in the dilly struggle for distinction and for bread, they will not, in my opinion, be themselves, as the loss will be certain, and the gain doubtful. They will lose the delicate consideration, the respectful observance that are theirs by immemorial consent, or if they do get this, the gain will be to the individual, and the loss to the whole sex. The continued exclusion of women from the medical school raises the question of women doctors, which, like all other innovations, is fast coming to the front. It is thought by some that our profession is well suited

to the gentler sex, and that they are well suited to it, and especially to one branch of it, obstetrics. But after considerable experience in this line, I am of opinion that matters had better remain as they are. No doubt it is natural and desirable that women should be ordinarily attended in their hour of need by their own sex, and this is what happens already in many if not in most cases, the medical man being then called in only in those of unusual difficulty. At least this practice is growing, and from a public point of view I see no objection to it. But if women are to qualify as men do, by going through the same course of study and taking the same degrees, they will no longer be content with the humble position of midwives, but will claim the entire management of the most difficult cases, and perhaps be less willing to call in the aid of a brother practitioner than he would be under the same circumstances, as to do this might seem to imply a confession of her own and her sex's inferiority. In this there is a danger to the patient, as women, though capable of as much heroism as men, and perhaps more, have not the strength of nerve, the calm self-possession and power of sustained effort, that are necessary for the management of critical cases. It may be said that this is matter of opinion, and a few continental names may be quoted of women who have distinguished themselves in this line to disprove the statement; but a Madame Lachapelle is not to be met with every day, and the rarity of the exception goes far to prove that the general case is as I have stated it. And at least it is not matter of opinion that whatever the qualifications of women as accoucheuses, their own sex have not the same confidence in them in moments of danger as in men, and this is a consideration of no small consequence. Outside the University Bill, the Council has had the statutes and regulations under consideration, with a view to the amendment or repeal of some of them, and in particular the matriculation examination has been entirely remodelled. In the new scheme the number of subjects has been increased, giving the candidate a wider choice. Greater value is given to honours, making honours in one subject equal to two passes, a change of doubtful expediency, that will mainly benefit the schools and schoolmasters; and the examination papers are to be set and the answers valued, not as formerly, by one person, but by boards of three, of which there are to be five for the five groups of subjects. It is proposed to extend this change to all the higher examinations, including those of the medical school, where it is even more needed, as in these the subjects are more difficult, and there is more room for differences of opinion and for unconscious bias on the part of the examiner. The candidate will thus have a further security for the fairness of his examination, and may lay the flattering unction to his soul that no one man can pluck him. I note too, with satisfaction, that Greek is still a compulsory subject for the medical student, as every medical man ought to know something of this language, if only to be familiar with our professional and scientific nomenclature; as it is hardly creditable that he should have to learn at secondhand the meaning and spelling of words he is constantly using; and, indeed, it is a marvel to me how a mere English scholar can help blundering over such words as *rhythmical*, *pharmacopœia*, *gynæcology*, and a host of others. To be of use a little Greek is enough for this, but that little should be learned early, and therefore form a part of the matriculation course, or it will afterwards be a bore; and the student who is thinking of qualifying for medicine may just as well master it when he is about his Latin as leave it alone. Of the other changes proposed by the Council, I may mention the creation of four new professorships—natural philosophy, engineering, chemistry, and general anatomy and physiology. The latter has been formed by dividing Professor Halford's chair into two, and will be taken by him, and the descriptive and surgical anatomy will constitute a chair by itself. This is as it should be. The entire work is too much for one chair to do justice to, and it is desirable that our premier professor should be relieved of the routine work of human anatomy, so as to give himself to the larger and more original subjects of the new chair. Turning to medical politics, the Bill drawn up some years ago by the Medical Board and Medical Society jointly, and approved by the then Ministry, which had to go out, however, before giving it legislative effect, still lies on the shelf. This Bill proposed to abolish the Medical Board, and appoint in its place a Council of fifteen, with larger powers, the majority of whom were to be elected by the profession. At present the Board exists simply to register diplomas, and even in this they have no certain rule to go by, as the clause of the Act specifying the qualification is found difficult to apply. They have no power to strike off the register, even in extreme cases, as of criminal conviction, and they are without funds or means of raising them and so are unable to prosecute offenders against the Act.

These defects were remedied by the new Bill, but, as I have said, it lies on the shelf, and it is likely to remain there, as our legislators are too intent on their own little games to attend to us. And our sanitary legislation is in an equally unsatisfactory state. The Health Act is notoriously defective, but nothing has been done to amend it. Vested interests stand in the way, the public health and convenience are sacrificed to two or three votes in Parliament, and so our streams continue to be polluted, and the Yarra is as foul as ever. But it is a curious outcome of the spurt of sanitary activity recently caused by the small-pox scare to find after all that John Chinaman has not a monopoly of dirt, that the John Bulls and Biddy Maguires of Little Bourke-street are just as dirty as he, and that what has principally to be complained of is the overcrowding, for which we have to thank not the Chinese, but the greed of European landlords. It is due to some of our citizens to say that their public spirit continues to make some sort of amends for the remissness of our officials. The Health Society has been quietly doing good work by publishing short tracts on sanitary matters, as occasion required, and it is to be regretted that as vacancies had to be filled up in the Board of Health the names of some of these public benefactors did not occur to the dispensers of patronage. And this reminds me that some years ago the then Chief Secretary dissolved the Medical Board, and had another elected by the vote of the whole profession, and gave a promise that as vacancies occurred they should be filled up in the same way. Now, however, the old practice of appointing members without consulting the profession has been resumed, and this renders it more desirable that the amending Bill I have referred to should become law. You will expect me to say something about small-pox, now that it has come so near to us. I need not discuss the question of how far the vaccine virus has deteriorated by its long descent, as on this and similar points the same sources of information are open to us all. But I have two practical suggestions to offer, the result of my own observation. The first is that vaccination should be done, whenever practicable, direct from the arm, and not with matter that has been stored up. This would result in its getting still more into the hands of the public vaccinators—a change in every way desirable. And the second is, that all persons vaccinated in the colony should be re-vaccinated unless the arm shows two or three good scars, as I have reason to believe that before the small-pox scare that we had some years ago, the operation was often performed in a somewhat formal and perfunctory fashion. I have often seen it done by making a slight single puncture of the skin with the charged lancet in two or three places; and if recent researches are to be trusted, this is not enough to afford the necessary protection. During the year death has taken from us one of our number, Dr. John Day, of Geelong. The roll of the profession in these colonies contained no worthier nor more respected name. He was a good man, an accomplished physician, and a distinguished scientist. Perhaps I may be allowed, without pretending to be wiser or better than my professional brethren, to offer, in closing, a few words of caution. No thoughtful observer can have failed to perceive that the drift of scientific thought for some time past has been strongly in the direction of materialism. But it is not the purely speculative and esoteric materialism of the old world, nor rude and coarse like that of a more modern school. It is cultured, scientific, pretentious, and aggressive. No process is too subtle for it to analyse, no riddle too dark for it to expound, no problem too vast for it to solve. It acknowledges no limitations, admits no disabilities, but dogmatizes everywhere and in everything; and all through there is the same disposition to studiously ignore, if not explicitly deny, the unseen, and try everything, sacred and profane, by the exclusive standard of sense. Or if the disciples of this school condescend to admit that there may be something beyond—"more things in heaven and earth, Horatio, than are dreamt of in your philosophy"—they tell us that it is unknown and unknowable, and so with affected modesty or contemptuous indifference, they call themselves agnostics. And, as might be expected, this materialising tendency has shown itself in our higher physiological literature. Just as some of our scientists would have us believe that the nebular theory clears up the mystery of the universe and dispenses with the vulgar notion of a Creator—as if this nebulous matter, which is to explain everything, had not itself to be explained, and as if the theory, whether true or false, did more than put the difficulty a little further back—so, when some of our physiologists talk about bioplasm, protoplasm, psychoplasm, &c., they seem to imagine that they have at length got at the secret of life, which is henceforth to be as commonplace as the food we eat, and indeed nothing more—when at best they have but generalised their knowledge or their ignorance, and often but dressed up in

scientific jargon what everybody knew before. I allude to this subject now, because I conceive that this school is as egotistic in its spirit as it is gross in its tendencies, and nothing worse can happen to medical men than to come under these influences, whether for their own or their patients' sake. Egotism of any kind blunts men's moral sensibilities, and takes the heart out of them; whilst materialism, however cultured and disguised, robs life of its sacredness and its sanctions, demoralises the physician, debases his calling, and vitiates his work. I thank you, gentlemen, for the support you have given me during my year of office, and I ask the same for my worthy successor.

On the motion of Mr. R. Robertson, seconded by Mr. Gilbee, a vote of thanks was given to the retiring President for his address, and for the great interest he had shown in the Association during the year of his presidency.

ADELAIDE AND SOUTH AUSTRALIAN BRANCH. REPORT OF THE COUNCIL.

I. The Council has to report the receipt of a letter from the General Secretary of the British Medical Association, recognising the South Australian Branch, which contained copy of minute of Committee of Council held July 7, 1880, as follows:—

"Read—Communication from Dr. Cleland, of Adelaide, of March 6, 1880; whereupon it was resolved—That the Branch for Adelaide and South Australia be, and it is hereby recognised as a Branch of the British Medical Association, and that the proposed By-laws be approved."

"Resolved also, that the Committee of Council desire to offer their warm welcome to the Australian Branches formed at Adelaide, Melbourne, and Sydney, now formally recognised, and trust that the new Branches may not only be the means of cementing the good feeling which already exists between the members of the profession in England and her colonies, but may also facilitate the interchange of ideas, and so prove of value in the advancement of medical science and the interests of the medical profession."

II. During the past year the Branch has been specially concerned with Ethical business:—

1. At a meeting held July 29, 1880, Dr. Baily called attention to certain rumours reflecting on Mr. Hartley Dixon's license to practice. Mr. Dixon attended the meeting, declined to recognise the right of the Branch to criticise his diploma, which had satisfied two registering bodies; but stated generally that he had complied with the regulations of the Apothecaries Hall of Ireland. He then tendered his resignation. At the next meeting of the Council it was decided to write to the Secretary of the Apothecaries Hall, Dublin, on the subject. His answer, received on December 16, threw no light on the nature of Mr. Dixon's curriculum and yielded no information except as proving that his license had been genuinely issued by the Hall. Mr. Dixon, having subsequently brought an action against Dr. Baily for libel, and it appearing from his own evidence that many of the regulations had been evaded, a special meeting was called, to which the profession generally was invited, and a committee was appointed to draw up a memorial to the General Council of Medical Education and Registration of Great Britain. This memorial, together with a copy of the learned Chief Justice's notes of the trial, was duly forwarded, and by the same mail copies of these documents were sent to the medical journals in London.
2. At the above-mentioned meeting Dr. Gaze was censured for abusing the confidence of a fellow member, by repeating a private conversation in connection with this lawsuit. It was also intimated to Dr. Gaze that he had ceased to be a member of the Association.
3. A letter was received from Dr. Creelman, complaining that an unqualified practitioner, called Ziehlke, was taking advantage of his name being on the list of public vaccinators, to trade under the title in his (Dr. Creelman's) immediate neighbourhood, causing him annoyance and injury. In consequence of representations made by the Council to the Vaccination Office, Mr. Ziehlke's name was removed from the list.
4. It will be remembered that at the last annual meeting the original By-law relating to an Ethical Committee was proposed to be abolished. The experience of the Council

during the past year leads to the conviction that the best way of dealing with Ethical matters is to call a special meeting when any such arise, and not allow them to interfere with the clinical business of the ordinary monthly meetings. Notice of motion to give effect to this has been given by a private member, and will be submitted to you at the annual meeting.

III. In September, 1880, a Medical Bill was introduced in the House of Assembly. It was decided by the Council that this should be the subject for discussion at the September monthly meeting, and to freely ventilate the matter, notices were sent to the members of the profession generally, inviting them to attend. Representatives of the daily papers were also present, by invitation, and the proceedings were reported in the *Register* and *Advertiser*.

IV. Letters have been received from the New South Wales and Victorian Branches re the formation of a joint journal for the combined Branches. A letter, dated September 10, 1880, contained a special invitation to any member that the South Australian Branch might select to represent it to be present on the occasion of a meeting to be held on the 28th of that month. A subsequent letter, dated November 11, 1880, enclosed the suggestions of the Journal Committee of the Victorian Branch that had been unanimously approved by a full Council meeting of that Branch. A copy of these suggestions was, in December, forwarded to each member of the South Australian Branch, with a request to fill up an enclosed form of application if willing to become a subscriber. As a result of this 19 names have been received and forwarded to the Victorian Branch. A letter, dated January 21, 1881, stated that the New South Wales Branch had replied to a letter similar to the foregoing, to the effect that they could not see their way to adopt the propositions, as being too one-sided with respect to Victoria, but proposing in return no others. In answer to this the Victorian Branch expressed its willingness to yield entirely to the New South Wales Branch, and to render it every assistance in its power if it would undertake the management. As the New South Wales Branch was in vacation until March, nothing further was done at the time. A letter, dated May 10, 1881, from the New South Wales Branch, enclosed letters from the proposed editor, Dr. Belgrave, and the publisher, Mr. Bruck, stating the terms on which they would undertake the management of the proposed journal. These proposals are very similar to those forwarded by the Victorian Branch, and expressed the intention of bringing out the first number in the beginning of July. In reply, the South Australian Branch sent its approval, conditional upon the Victorian Branch doing the same, as it considered unanimity of action essential to the success of the undertaking. No further correspondence has been received. Any subscriber desirous of withdrawing, and who has paid his subscription, can have the same refunded by applying to the Hon. Secretary of this Branch.

V. The Council hopes that the proposition to be submitted to the annual meeting, that the "Proceedings" of the Branch be printed in the style adopted by the New South Wales Branch will be carried. There has been this year a large amount of interesting matter before the Branch, from participation in which the majority of the members, especially those residing in the country, are debarred, by reason of distance and other circumstances. There is, for instance, the text of the memorial to the General Council of Medical Education and Registration of Great Britain re Dixon, which though numerous signed, can only have been known fully to those few who were present at the meeting when it was adopted. In connection with this matter there is an interesting communication from Dr. Markham, on the subject of "American Diplomas." Also, a paper by Dr. Baily, on the "Present Aspect of Medical Ethics in South Australia." And it is hoped that if papers are thus published *in extenso*, country members will be more inclined to forward original articles or notes of cases than at present. Such communications have, in the past, been conspicuous by their absence, doubtless from the fact that the interest in the reading and discussion of them would have been confined to the very few who attend the monthly meetings. A tender has been received for the printing of our "Proceedings," the amount of which will not, in the opinion of the Council, press unduly on the funds of the Branch, while it is hoped that the increased publicity given to its transactions will result in a considerable increase to the number of its members during coming years.

VI. The Branch at present consists of 42 members. The receipts for the year amounted to £66 gs.; the expenditure to £81 4s 3d.; of which £12 11s. was incurred in connection with the case of Hartley Dixon, leaving a balance of £50 15s. It will be seen that the reduction in the amount of the annual subscription, resolved upon

at the last annual meeting, has not resulted in detriment to the financial prosperity of the Branch.

VII. The papers read, and cases reported upon and exhibited during the year, were full of interest, though less numerous than during the first year of the existence of the Branch. This is partly due to the prominence given to subjects of an Ethical nature, and those of general interest to the profession, and partly in consequence of no meetings having been held during the summer months, in accordance with the resolution of the last annual meeting. But the Council regrets that it has to echo the complaint contained in its first report of the meagreness of the attendance at the ordinary meetings.

VIII.—The Council has endeavoured in all ways in its power to sustain the interest of members in the concerns of the Association by arranging for the supply of papers for reading and discussion, and since August, 1880, has caused an abstract of the proceedings at each meeting, to be sent to every member. It is thought that this plan may be advantageously abandoned if the Branch agree to the publication of the annual proceedings. It has also shown itself not unmindful of the interests of the profession at large, as evidenced in the work referred to in paragraphs II. and III., in which it was ably assisted by individual members. It may be parenthetically observed that the wisdom of the decision of the last annual meeting, to leave intact the original By-law, No. 11., has been fully shown in the experience of the year. The Council would fain hope that the evidence thus given that this Branch of the British Medical Association has no spirit of exclusiveness, but studies the best interests of the profession will result in a large accession to its numbers from those members of the profession who have hitherto held aloof.

IX. The Council again regrets to report that no nominations for the Council of 1881-82 have been received. Consequently this meeting must proceed to nominate and ballot for members to fill the office of Vice-President, and other natural vacancies in the Council.

X. The following notices of motion have been given, and their importance justifies the hope that a large number of members will be present to discuss them:—

- (a). That the following shall replace By-law V.:—"For the decision of Ethical and personal matters the Council, at the request of five more members, shall convene a special meeting of the whole Branch, due notice of the date of which, and of the subject for consideration, being sent ten days prior to the holding of such meeting. The decision of two-thirds of such meeting to be final. Nine to be a quorum."
- (b). That to By-law VII. be added—"At the monthly meetings five members to be a quorum."
- (c). "That any member may be expelled from the South Australian Branch of the British Medical Association, by a resolution of a special meeting, if carried by three-fourths of the members present, subject to confirmation by the next annual meeting, and he shall thereupon cease to be a member, and shall not be eligible for re-election. One month's notice of the intention to propose such resolution shall be given to any member affected thereby."
- (d). "That on the retiring of the ordinary members of Council the words 'not eligible for re-election' be altered to 'two only of whom shall be eligible for re-election.'"
- (e). "That the proceedings of this Branch of the British Medical Association be printed for the past year in the style of the proceedings of the New South Wales Branch."

SYDNEY AND NEW SOUTH WALES BRANCH. GENERAL MEETING.

A General Meeting of this branch took place at the Board Room of the Medical Board, 142 Phillip-street, on Friday, 2nd Sept., at 8.30 p.m.

There were present Dr. Moffitt, President, in the chair; Dr. Fortescue, Vice-President; Dr. O'Reilly, Hon. Treasurer; Drs. Warren, Gillman, Hogg, Leslie de Vine, Watson, Browne, Schuette, Shewen, Trail, Tarrant, Quaife, Smith, Marano, Fiaschi, Wright, and the Secretary.

The minutes of the last meeting were read, passed by the meeting, and signed by the President.

The Secretary then informed the meeting that at the last Council Meeting resolutions as follows were passed:—

"That a member will be allowed to speak only once on the same subject without the consent of the meeting."

"A speech shall not exceed in duration ten minutes, and that all General Meetings close at or before 10.30 p.m."

The Secretary then read letters from the Board of Health and Dr. Alfred Roberts, as appears in minutes of last Council Meeting, and from Dr. Louis Henry, and from Dr. Belgrave.

Dr. Moffitt then read his paper on Variola and its treatment as under:—

"So much has been said and written of late on this form of exanthemata, that it would be wasting the time of this meeting to go over the same ground. I purpose, therefore, to-night to confine myself briefly to the prominent points in the diagnosis of this disease, and then to the treatment.

"This disease is always ushered in with rigors and fever, intense or mild, according to the strength of the poison working in the blood; headache is a very marked and prominent symptom. Backache and lumbago are also very distressing symptoms, and would almost lead the medical man to think that the case was one of rheumatism. These, in every form of the disease, will be found prominent features, which cannot fail to attract the attention of the physician. The skin is hot and dry, but after about 48 hours' torture, a strong perspiration breaks out, which relieves the fever, but brings out the disease in its first or papular form, which commences at the face and gradually extends downwards over the neck, chest, and abdomen, to the feet. The second stage is the vesicle, and the third and last stage is the pustule, or fully formed pock, which is usually complete on the eighth day, after which, in favorable cases, the inflammation and swelling gradually decline, until the sixteenth or seventeenth day, when the dry scabs fall off, leaving the parts of the body most exposed to the air and sunlight more or less pitted. Treatment: If this disease is seen in the commencement of the fever, and properly diagnosed, I consider it most amenable to treatment. I remember a case that occurred at the island of Zanzibar shortly after the introduction of quinine for the treatment of African fevers. A young Frenchman caught small-pox in a most virulent form. The preliminary fever was treated with large doses of quinine, thinking it was a case of African fever. The fever was quickly subdued, and a very mild eruption of small-pox followed, and the case turned out remarkably well, the patient was not even marked. On enquiry, I found nearly all previous cases on the island, among white men, terminated fatally.

"I believe that, in quinine, we have an infallible remedy, if given at the outset of the disease, and in sufficient doses to overcome the fever quickly, quinine being one of our most powerful antiseptics, as well as a febrifuge. When the eruption appears I would use the following ointment, R. Æther: Ozonic, dr. iv.; Adipis Benzoate, oz. iv.; M. ft. ung.

"This should be kept in a wide-necked bottle with a screw top, and twice a day rubbed in from head to foot. This is the same form used by the late Dr. Day, of Geelong, in the treatment of scarlatina, as well as an ozone gargle, which is strongly recommended by him in small-pox. I know its power in destroying the germs of scarlatina, and I believe it to be equally powerful in destroying the germs of small-pox, although I have not had an opportunity of trying it in the latter. In scarlatina this treatment, properly applied, gives perfect immunity to members of the patient's family, nurses, and others. Out of a great number of cases so treated I only saw one case which seemed to raise a doubt of its efficacy, but it was afterwards found that the child went to a neighbour's house, where the patient was not treated as above; there she caught the disease and carried it home with her; from this, I think, I may reasonably infer that, if ozone, so used as an ointment for the body, and as a gargle for the throat, gives such results in scarlatina, that we may reasonably expect similar effects in a case of small-pox. I am so satisfied about the matter myself, that if I had any cases of small-pox on hand, I should immediately proceed to treat them as above described. The patient should be kept in bed, the diet should be light and farinaceous, with stewed apples and pears, grapes or oranges.

"The ozone ointment is made by rubbing up four drachms of ozonic ether with four ounces of Benzoated lard rapidly in a mortar, and quickly transferring it to a wide-necked bottle with a screw top. The ether mixes perfectly with the lard; the ozone gargle is made by putting two drachms of the ether in an eight-ounce bottle, half an ounce of glycerine, and water to eight ounces."

Dr. De Vine stated that, in his opinion, no ointment could ever do any good in small-pox. That such external applications were to prevent itching.

Dr. Hogg stated that when he first became acquainted with the disease it prevailed in a large institution for young ladies, which he

attended, in the East, he had noticed that the native doctors used to paint the face to prevent pitting. He had therefore tried in several cases and had found it beneficial. Dark rooms were desirable in preference to those exposed to light.

Dr. Milford said that Avicenna, an Arabian physician, who flourished in the 10th century, used a small gold needle to puncture the pustules, and referred to Dr. Bennett's "Wanderings in New South Wales," in which is stated that in the year 1798, during an epidemic amongst the blacks, fish bone was used for a like purpose, and it was found by such means that pitting was much prevented.

Dr. Clune, in his late cases, had used a mask with great success; it keeping the face in darkness and preventing scratching.

Dr. Hogg said he remembered when post mortems were the custom in every case of death in the hospitals in India, he had made some on women who had died from the disease, and who were pregnant at time of death, and he found the foetus distinctly marked. The intestines, too, often bore distinct indications of the disease.

Dr. De Vine said he had made a great many post mortem examinations, had frequently found the unborn child marked with the disease, but the intestines, in every case, free from marks.

Dr. Quaife referred to Reynolds' System of Medicine, in which he said would be found instances recorded of the intestines being marked with the pustules.

It was then resolved to consider that portion of Dr. Belgrave's letter, read in the early part of the proceedings, which referred to the late system of quarantining healthy persons.

Dr. Milford thought that if Government would only provide a place out of town where healthy persons out of infected houses could be maintained for a short time at the public expense, there would be less danger to those in question, and it would be more satisfactory to prevent the spread of the disease. Infected houses should be burned. Of course, if the disease occurred in any of the large hotels it would scarcely be practicable to destroy them, but much furniture, &c., might be burned. There was a quarantining Act, but there was nothing in that Act which permitted Government going so far as they have done. They might ask people to go down to quarantine, but have exceeded their power in ordering them to do so.

Dr. Warren quite agreed with Dr. Milford in reference to isolation. He thought the medical men ought to protest as a body against the practice of quarantining them. Such a course could only lead to one end, that of concealing the disease, for there were cases of small-pox in Sydney from which people had recovered, and of which nothing whatever was known to Government. He did not consider that doctors were to turn informers to Government. There was no guarantee against running people off to quarantine like Dr. Clune had been treated. The Board of Health has taken upon itself to exempt medical men from quarantine, who will consent to wear some kind of garb which, for his part, he positively declined to wear. From selfish motives, a doctor is bound to take precautions against conveying the disease to his family and friends. He had been a great deal amongst small-pox in Dublin, but had never heard of or read of such measures as now mentioned.

Dr. Tarrant was very pleased to hear this expression of opinion against the late acts of cruelty on the part of the Government. He would also like to draw the attention of the Branch to this newly constituted Board of Health, upon which Board he considered the profession was not sufficiently represented, and if the members in the Association would only move in the matter, he, in his position in the Assembly, would be most happy to table a motion. He considered the profession had been too much ignored, not only in this case, but on other occasions.

The President then thanked Dr. Tarrant for his kind offer, and requested him to take steps such as he mentioned.

Dr. Fortescue said that compulsory vaccination would be the only means of stamping out the disease. If people would only submit to the small inconvenience of vaccination the danger would be comparatively slight. Scarlatina, he thought, was much more dangerous than small-pox; in this, he believed, every medical man present would agree with him inasmuch as vaccination was a prophylactic in the one disease, but no prophylactic of the same character was known against the other. In reference to the late conduct of Government, he thought that quarantining and shutting up in houses healthy people mixed with those suffering from small-pox, was most unjustifiable. He considered that those persons who could afford it should be attended at their homes and isolated with their nurses. Those who could not should be removed to a small-pox hospital.

Dr. De Vine said he remembered an epidemic of small-pox some

years ago in Lima, where the Government passed a compulsory vaccination bill, and appointed three medical men to vaccinate and take charge of those suffering from the disease, who were unable to pay for attendance. All the city were vaccinated with the old and infirm. A small-pox hospital was built, and all who had not the means of being attended in their own houses were removed to it. Considerable trouble was experienced in vaccinating some who objected, and in some cases force had to be resorted to. Had the Government here adopted such means as these, instead of a system of quarantining, he believed the disease would have been stamped out soon after it made its appearance. He had never heard of any case where a medical man had conveyed the disease to his own or anyone else's family. In his opinion the only true precaution was to wash in warm water and ammonia.

Dr. Quaife said he noticed by the regulations of the Board of Health, doctors could attend patients under certain circumstances. He quite agreed with Dr. Fortescue that all precautions were simply child's play till a Compulsory Vaccination Act was passed.

Dr. Fortescue said with reference to means of disinfection, so much had been said that it was difficult to decide what was and what was not a sure means. A temperature of 140 would destroy vaccine virus, and it appeared that a similar degree of heat would destroy the germs of the disease, in which case the hot winds of summer would be favourable to the stamping out of small-pox.

Dr. Milford partially excused the Government for the measures used, as an attack of variola in New South Wales, where freedom from it had so long existed, was a matter that required the strongest measures to prevent so dreadful a misfortune.

After some further discussion, the meeting closed.

MELBOURNE AND VICTORIAN BRANCH. ORDINARY MEETING.

THE ordinary meeting of this branch was held in the Royal Society's Hall on September 14th, 1881. The chair was taken by the President, Dr. J. E. Neild, and there were thirty-two members present.

Dr. Jamieson read a paper on "Some Aspects of Vaccination," which we shall present to our readers *in extenso* in our next issue, therefore we refrain from saying more at present, than that one of the purposes of the paper was to show that there had been no deterioration in the efficacy of human lymph, and that there need be no recourse to animal vaccine, except to gratify prejudice.

Dr. Jamieson does not take the view held by some medical men that it is simply impossible to transmit disease by vaccination. He admits the possibility, but thinks that it is quite preventable, and that it has very rarely happened. He adopted the theory that small-pox and cow-pox were the same thing under different conditions.

Dr. Henry suggested that, as a preventative of the importation of small-pox into Victoria, no one should be permitted to enter the colony without producing a certificate of a clean bill of health, but Mr. R. L. J. Ellery and Dr. Youl believed that such certificates would be valueless.

Mr. F. W. T. Ford said he was the first public vaccinator appointed in Melbourne 25 years ago, and as nearly all the children of the city and suburbs were brought to him, he was able to get a constant supply of pure lymph. He believed it to be impossible to communicate disease by pure lymph, but then to be pure it must be limpid—pure as water to look at, and free from even a single blood or pus corpuscle. Otherwise it was not fit for use, and they could not tell what disease might be propagated by it. Only three tubes or points could be taken from one vesicle. Some 20 or 30 tubefuls would flow, but the efficacy deteriorated after the third. It was through filling too many tubes from one vesicle that the use of them had got a bad name. Lymph should only be taken from very young infants, and where both the children and the parents were healthy, and should never be taken from a revaccinated person. He thought that children should not be vaccinated when they were suffering from any ailment, as there was a tendency in vaccination to bring out latent disease.

Mr. W. Gillbee feared they must look forward to small-pox spreading widely in the neighbouring colony when the warm weather sets in, because it was spread not only by the communication of one individual with another, but chiefly by means of flies.

Dr. Youl said that he thought there was not a particle of lymph in New South Wales when the small-pox broke out, and that vigorous vaccination in the infected district would have stamped out the disease. He does not believe in the transmission of disease, and has satisfied himself that in some cases where this was alleged to have

taken place the disease had been transmitted from the parents. He did not believe that human lymph had deteriorated in quality, but there was no doubt whatever that children were very often improperly and imperfectly vaccinated.

Mr. Graham Mitchell, F.R.C.V.S., advocated the establishment of a vaccine farm. He was inclined to think the horse was the source of the disease.

After a few remarks from Mr. Ellery, Dr. Graham and others, the discussion closed.

PROCEEDINGS OF COLONIAL MEDICAL BOARDS.

The following gentlemen having presented their diplomas, were duly registered as Medical Practitioners by the respective Boards:—

NEW SOUTH WALES.

Baly, William, Sydney, L.R.C.P. Lond., 1875, M.R.C.S. Eng., 1873.
Barber, Alexander, Narrandera, L.A.H. Dub., 1871, L.R.C.S. Irel. 1870.
Evans, Owen Frederick Seymour, Balmain, L.R.C.P. et R.C.S. Edin., 1881.
Law, Edward, Sydney, M.B. et Ch.M., 1877, M.D., 1881, Edin., M.R.C.S. Eng., 1877.
O'Leary, Morgan Philip, Sydney, L.K.Q.C.P. Irel., 1871, M.R.C.S. Eng., 1870.
Roser, Karl, Sydney, M.D. Marburg, 1881, State Certificate as Phys. Germany, 1881.

QUEENSLAND.

Clarkson, Charles Howard, South Brisbane, L.R.C.P. et R.C.S. Edin., 1864.

Young, John de Courcy, Brisbane, M.D.

TASMANIA.

Homan, Frederick, Stanley, L.F.P.S. Glas., 1855.

VICTORIA.

Baumgaertner, Ferdinand, Sandhurst, M.D. Munich, 1875.
Godson, Edwin, Melbourne, M.R.C.S. Eng., 1880.
McKee, James Charles, Melbourne, L.R.C.P. et L.R.C.S. Edin. 1881.
Walsh, William Butler, Kew, L., 1876, F., 1881, R.C.S. Irel., M.B., 1877, M.D., 1881, Dub.

MEDICAL VACANCIES AND OPENINGS.

Advertisements for this column, not exceeding five lines, are charged 2s. 6d., and 6d. for every additional line.

. Advertisers are requested to forward to the office of this paper full particulars of all vacancies and openings which are to be advertised in the Australasian Medical Gazette, to enable the Publisher to answer the inquiries of intending applicants.

VICTORIA.—Wanted, a legally qualified Assistant. salary £500 a-year. Applications by letter only, enclosing testimonials, to Mr. Jenner Anderson, Moonee Ponds, Melbourne.

SOUTH AUSTRALIA.—Wanted, at Hawker, South Australia, a legally qualified Medical Practitioner. This is a first-class opening for any gentleman wishing to secure an extensive practice. Apply to the Medical Committee, Hawker, South Australia.

SOUTH AUSTRALIA.—Applications from duly qualified medical men for the office of Lodge Surgeon will be received by the Secretary of Court Harmony, I.O.O.F., Caltowie. Guaranteed practice, £500 per annum.

NEW SOUTH WALES.—An opening available for a duly qualified Medical Practitioner, in Molong and district. Population—Town, 872; district, 6000. Oddfellows' Lodge, &c. For particulars apply C. H. Evans, Molong.

WALGETT HOSPITAL, NEW SOUTH WALES.—Applications will be received by the undersigned till about 15th October, for a legally qualified Medical Practitioner for the above, at a salary of one hundred and fifty (150) pounds per annum; a good field for private practice. M. D. Lynch, Hon. Sec. Hospital.

NEW SOUTH WALES.—Wanted, by the Manchester Unity of Oddfellows and the H.C. Guild Society in Queanbeyan, a second duly qualified Medical Man, to fill the place of Dr. Morton, who, through failing health, has retired from practice. For further information apply to the Hon. Secretary, L. Maloney, Hon. Sec.

NEW SOUTH WALES.—Wanted, for the district of Ulladulla, a duly qualified Medical Gentleman for G.U.O. and M.U.O. of Oddfellows, at present numbering 120 members, besides large outside practice. Population of district, 2600. Apply W. H. Jones, Hon. Sec., Milton.

WANTED, a duly qualified Medical Man, to act as Surgeon Superintendent to the Totara District Hospital, Ross, Westland, New Zealand. Salary £150 per annum, residence provided. Private practice allowed; no medical man or dispensary within twenty miles; Oddfellows and other societies in the district; population, 1400. Applications, with diplomas and testimonials, to be addressed to the President, Totara District Hospital Committee, Ross, Westland, New Zealand.

SOUTH SEA ISLANDS.—Doctor wanted for Samoa. Apply Dr. Balls-Headley, Collins-street East, Melbourne.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 2s. 6d. which should be forwarded in stamps with the announcements.

BIRTHS.

HEFFERNAN.—On the 29th August, at Fitzroy, Melbourne, the wife of E. B. Heffernan, M.D., of a daughter.
JOSEPH.—On the 29th August, at South Brisbane, the wife of Dr. J. Raphael Joseph, of a daughter.
STACPOOLE.—On the 23rd August, at Cromwell, N.Z., the wife of Dr. C. A. Stacpoole, of a daughter.
TARRANT.—On the 23rd August, at her residence, 207 Macquarie-street, Sydney, the wife of Dr. Harman J. Tarrant, of a daughter.
WALLS.—On the 10th September, at Saddleworth, S.A., the wife of A. W. Walls, M.R.C.S., of a daughter.

MARRIAGES.

COLLINS-TURNER.—On the 10th September, at Melbourne, by license, Charles V. Collins, grandnephew of H. Condell, first Mayor of Melbourne, to Alice, elder daughter of Dr. W. B. Turner, Wallerawang, N.S.W.
STEWART-HENRY.—On August 2nd, at the residence of the bride's parents, Northampton House, Acland-street, St. Kilda, Melbourne, Dr. Douglas Fdward Stewart, son of the late Dr. W. R. Stewart, of Tasmania, to Herminia Isabella, daughter of David Henry, of Melbourne.
WOOLDRIDGE-RABBAGE.—On the 3rd September, by special license, Henry Wooldridge, F.R.C.S.E. of South Yarra, Melbourne, to Emily Georgina, elder daughter of the late R. Herschel Babbage, C.E., "The Roarie," near Adelaide.

DEATHS.

DAVY.—On the 7th September at Malm-bury Vict. Dora Cecilia, aged 1 year and 5 days, the beloved youngest daughter of Edward Davy, M.R.C.S.
DENSHAM.—On the 1st August, at Mongiel, N.Z., after a short illness, Richard Denham, L. et F. Mid., F.P.S., Glas., late of Riverton, N.Z.
GIBSON.—On the 13th August, at his residence, Mount Alexander-road, Flemington, Melbourne, James Gibson, L.R.C.S. Edin., 1841, aged 57 years.
HALL.—On the 30th July, at his residence, 58 Campbell-street, Hobart Town, Tasmania, Edward Swarbrick Hall, M.R.C.S., Eng., et L.S.A., Lond., 1827, aged 76.
MAGAREY.—On the 21st July, Maud Mary, the only daughter of Dr. and Mrs. S. J. Magarey, at North Terrace, Adelaide.

EXCHANGE COLUMN.

Members of the Faculty wishing to exchange, or buy, or sell any article, must write out an advertisement for it, and send it, together with full particulars, to the office, addressed to the Publisher of the *Australasian Medical Gazette*, 35, Castlereagh-street, Sydney, endorsed "Exchange Column." Such advertisements will be inserted free of charge, and the Publisher will conduct the correspondence. To cover expenses, the Publisher will charge a commission of ten per cent. on the proceeds or estimated value of every transaction thereby concluded.

1. *Ziemssen's Encyclopadia wanted.* New or secondhand; complete or incomplete; must be cheap.
2. Wanted to purchase, *Articulated Human Skeleton*, complete; also Female Pelvis and Fœtal Skull.
3. Bryant's *Surgery*, 2 vols., latest ed., offered in exchange for Erichsen's *Surgery*. Reasonable bonus given in addition.
4. Wanted to sell "Brockhaus' Conversations Lexicon," latest ed., 14 vols., half morocco; quite new; price £6.
5. For sale, *Braithwaite's Retrospect*, secondhand copy, vols. 17, 19, 22, 23, 25, 26, 27, 28, 30, 31, 33, 34, 35, 36, 37, 38, 40, extending from 1848 to 1859. No reasonable offer refused for single volumes or the lot.

Answers to advertisements to be addressed to the Publisher of the "Australasian Medical Gazette," 35, Castlereagh-street, Sydney.

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Bathurst ... Mr. J. H. Berney.
Goulburn ... Mr. John Walsh.
Maitland ... Mr. Robert Blair.
Newcastle ... Mr. Frederick Alcock.

NEW ZEALAND.

Auckland ... Messrs. Champaloup & Cooper, 80 Queen-street.

QUEENSLAND.

Brisbane ... Messrs. Gordon & Gotch, Queen-street.
Ipswich ... Mr. W. Tatham, Brisbane-street.
Maryborough ... Mr. William Dawson.
Rockhampton ... Messrs. R. M. Hunter & Co., William-street.

SOUTH AUSTRALIA.

Adelaide ... Mr. George H. Cargoe, Victoria-square.

TASMANIA.

Hobart Town ... Mr. A. Luckmann, 21, Murray-street.

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Melbourne ... Messrs. Gordon & Gotch, Collins-street west.
Ballarat ... Mr. J. H. Hammond, 15 and 17, Sturt-street.
Geelong ... Mr. Henry Franks, Market-square.
Kyneton ... Mr. T. N. Wade.
Sandhurst ... Mr. W. A. J. Wenborn, Pall Mall.

UNITED KINGDOM.

Messrs. Gordon & Gotch, St. Bride-street, London.

OFFICE OF THE AUSTRALASIAN MEDICAL GAZETTE.
35, Castlereagh-street, Sydney.

VACCINATION AND SMALL-POX.

Read before the Victorian Branch of the British Medical Association.

By JAMES JAMIESON, M.D. et Ch.M. Glas.,

Lecturer on Obstetrics and Diseases of Women and Children,
Melbourne University.

It is almost a kind of slaying of the slain to prove that vaccination acts in the way of preventing small-pox. When vaccination has been thoroughly performed, and especially when it has been repeated, it affords almost perfect immunity. Mr. Marson, Surgeon to the Small-pox Hospital, could say "that not one of the nurses or servants of the hospital has had small-pox for the last twenty years. They have all been either vaccinated or re-vaccinated on coming to live at the hospital." Evidence of a similar kind, but affecting a larger number of persons, is supplied by the experience among the officials of the General Post Office, London. The average number of persons permanently employed is 10,504, and all are required, on entering the service, to be re-vaccinated, unless the operation had been performed within seven years previously. In the ten years 1870-79 there occurred only ten cases of small-pox among them, all of a very mild character. The disease has been prevalent in the metropolis to an unusual degree in that period, and letter carriers, and perhaps other post-office employes, are as much exposed to the risk of contagion as any class of the population. The fact of this protection may be proved in another way, viz., by showing the difference in the rate of mortality among the general body of the population, according as they have or have not been vaccinated. Dr. Buchanan, the Medical Officer of the Local Government Board, has recently collected the statistics of the small-pox mortality in London. The figures refer to the year ending 29th May, 1881, and show the comparative mortality among vaccinated and unvaccinated persons at different ages, the rate being calculated at per million persons living in each class.

	Vaccinated.	Unvaccinated.
All ages	90	3350
Under 20 years	61	4520
Under 5 years	40½	5950

This table suggests a great many lessons. First of all it shows how great the advantage the vaccinated have, in case of being attacked by small-pox at any age; but it also shows clearly that protection is greatest in direct proportion to the shortness of the time which has elapsed since the operation was performed. Or to put it in the opposite way: it shows that the protection diminishes steadily with advancing age. The chances are 146 to 1 against the unvaccinated child under five years of age, compared with the vaccinated, while they are only 37 to 1 when all ages are taken, including of course these well protected children.* It is clear that the safeguard supplied by vaccination is greatly weakened in adults, and it is a fair inference that the protection continues to diminish through the whole of life.

The completeness of the immunity from attacks of variola depends, therefore, on two circumstances, the thoroughness with which it is performed and the length of time which has elapsed since the performance. As regards thoroughness, we can only say that that is in direct proportion to some constitutional change, effected by the introduction of the vaccine virus. We have no means of testing the sufficiency of that constitutional alteration except by the immunity conferred from variola on the one hand and from any symptoms of vaccinia when re-vaccination is tried. The former of these tests of course is not applicable in ordinary cases, and so the ability to resist any further introduction of the vaccine virus is the only satisfactory proof that immunity is perfect.

As law and public opinion at present stand we have to be content, in most cases, with even less than that, and the practical evidence that vaccination has been properly performed is to be found in the number and character of the marks left on the skin. The mere number of the marks is not, of course, in itself the point, but the area over which they extend, that being, on the average, large in direct proportion to the number of distinct scars.

All that has been said so far is, I think, above the region of mere theory or conjecture; but there are other points which are still open to dispute or difference of opinion. There is not yet perfect unanimity of opinion among authorities about the relation between vaccinia and variola. It is generally held that an attack of cow-pox

protects against small-pox, simply because they are essentially one and the same disease. I confess that, to me, the protection afforded by vaccination is explicable only on this supposition, viz., that vaccinia is simply a form of small-pox, modified by passing through the system of some bovine animal, and most frequently the cow. This point was supposed to have been sufficiently proved long ago by the experiments of Gasner, Ceely, Badcock, and others, though often denied. This view has been strongly attacked in the *Lancet* for 1880 by Professor Fleming, the well-known veterinarian. But negative results do not overthrow positive ones, and the proof has been often supplied that the small-pox virus, when inoculated on the udder of the cow, produces a strictly localised disease, differing in nothing from so-called *genuine cow-pox*, and when transmitted to the arm of a child, producing true vaccine vesicles. Professor Bollinger, of Munich,* not only accepts this as perfectly established, but goes so far as to declare that there is no such disease as *genuine cow-pox*, in the sense, i.e., of a disease peculiar to, or originating in, animals of the bovine species. His belief is that when the disease shows itself on the cow's udder it has been caused by inoculation, generally by the hands of the milker, of virus from a small-pox patient or from a vaccinated child, though it may spread further from that first case. He considers, and, as it seems to me, on very good grounds, that the sporadic way in which this *genuine cow-pox* shows itself suddenly in isolated localities, and other points in its pathology, can be explained best on this supposition. I need not enter further, however, on this more purely pathological question, but the practical application of Bollinger's doctrine will appear further on.

Another point, to which attention has been much directed of late, is the alleged deterioration of the vaccine virus by long continued transmission from one human subject to another. This is not at all a new question, having been discussed with considerable fulness by Watson in his Lectures in 1857, if not sooner, and by others before him. In the *Fortnightly Review* for May, 1881, Dr. Cameron, M.P., tried to bring the question to the test of statistics, with the result of proving, as he considered, that the vaccine virus had deteriorated, and so making the protection against small-pox much less than when the lymph had undergone, comparatively, but a few transmissions through the human subject. I am not prepared to admit that Dr. Cameron's argument is conclusive, and though I cannot discuss the question exhaustively, it is right to state shortly my grounds. Up till quite recently we had no analogies to which to appeal on the subject of the general probability of this deterioration, and the time within which it was likely to manifest itself. The researches of Pasteur, Greenfield, and others, on the prevention of anthrax and fowl cholera, by inoculation of virus which had been cultivated outside of the animal body altogether, or which had been passed through the body of animals other than those usually attacked by the disease, enable us now to make some comparison.

With reference to anthrax we have the experiment, made by Burdon Sanderson and Greenfield of inoculating heifers with the blood of a guinea pig which had died of that disease. The result was that the heifers took the disease, but in a much milder form than usual, recovery taking place, and almost complete immunity being afforded from subsequent attacks. Here a single cultivation is shown to produce a great effect in mitigating the properties of the anthrax poison. The experiments of H. Buchner have proved that the *bacillus anthracis* can be cultivated in extract of meat, and that it soon loses its virulent properties, becoming converted gradually into what seems to be the ordinary and harmless hay bacillus. Greenfield has experimented in the same direction, and has found that, cultivated in aqueous humour, the anthrax bacillus loses its infective property after about six generations. The details of Pasteur's experiments on the virus of fowl cholera are not known to me, but while, on the one hand, it could be cultivated in chicken broth, for any number of generations, without losing its full virulence, he had discovered another method of cultivation, whereby, apparently in a short time, it ceased, when inoculated, to cause a fatal form of the disease. It seems, then, that the artificial propagation of the poison of a specific disease, when it causes lessening of its virulence, does so in one or a few generations. The converse experiment, of intensifying the virulence of a poison, teaches the same lesson. The investigations of Davaine with the septicæmic poison have long been known. He found that the injection of putrid fluids into the circulation of animals readily produced a fatal disease, and that if the blood of an animal so killed was injected into a second animal the effects were

* Vide *British Medical Journal*, June 18th, 1881.

* "Ueber Menschen und Thierpocken," in *Volkmann's Sammlung*, No. 116, 1877.

more severe, and successively so through as many as twenty-five generations, a smaller quantity of blood sufficing in each. The greatest virulence was considered by him to have been attained, at latest, in the twenty-fifth generation, but the recent investigations of Koch* have showed that, in the second, or at latest in the third generation, the full virulence was attained. Apply these results to our question of vaccination, and see how they affect the teaching of Cameron's article. On general grounds let me say, that I do not see why the vaccine virus should deteriorate at all by transmission through the human system. It is simply small-pox modified by passing through a bovine animal, and then cultivated afresh, with its new or modified properties, in its native soil. Unless something further is done to alter its qualities, I do not see why it should not pass without more change for an indefinite number of generations through the human system. All the argument, so far, is in favour of very rapid deterioration, if it is to take place at all. And yet let us see what Dr. Cameron's argument comes to. Jenner published his discovery in 1798, and vaccination at once became fashionable. And yet, according to inquiries made in 1802, 1806, and 1807, there was no evidence that it had lost any of its protective power, though, with weekly transmissions, it had been then cultivated through a great many generations. It was only, in fact, after fifteen or twenty years that outbreaks of post-vaccinal small-pox, occasionally proving fatal, began to be recorded, and even in 1825 their occurrence excited alarm and astonishment. So slow has been the deterioration that even now the protection afforded is still great. But if the virus had been losing its efficacy, the increase of mortality among vaccinated persons ought at least to have been uniform; while, even according to Dr. Cameron's own tables, there has been no such uniformity. Up to 1825 the mortality among vaccinated persons was only a fraction of 1 per cent.; but already in the period 1826-35, in the London Small-pox Hospital, under Dr. Gregory, it was 5.9 per cent., and in the period 1836-51 it had further risen only to 6.9 per cent. Dr. Cameron picks out particular figures, in his summary at the end of his article, such as, that the death rate in cases with three or more cicatrices, in 1870-79, was thrice what it had been in 1852-67; and, in cases with three or more good cicatrices, was twice as great in 1876-79 as in 1852-67. But he does not lay any stress on the circumstance that, according to his own table, on p. 601, the mortality in all cases with good cicatrices was 4.53 per cent. in 1836-52, only 1.8 in 1852-67; even in 1871-78 being no more than 3.32 per cent. If there is anything proved by Cameron's figures it is that there has been no uniform and steady increase in the death rate among vaccinated persons in the last eighty years. If deterioration had been the sole, or even the main cause, this should have been so, and, indeed, the question should have been capable of being put in the form of a rule of three problem, something to this effect: If the protecting power of vaccination diminished, so as to allow the death rate in post vaccinal small-pox to increase from less than 1 per cent. to 5.9 per cent. between 1825 and 1835, what ought the death rate to have been in 1870-79? The answer could scarcely have been that the protective power at the present day is still very great. Dr. Cameron's contention, therefore, seems to me to be utterly wanting in proof, and the increase in the number of deaths from post-vaccinal small-pox, since the first years of vaccination, must be looked for in other conditions. For these conditions, I think, we have not very far to seek. The absence of all account of post-vaccinal small-pox, within a few years of the introduction of the operation, is to be explained on the ground that vaccination had been well done, and that there had not been time for the immunity to become to any extent lost. We now know that with every year that immunity becomes less marked, and it is not at all wonderful, therefore, that there should have been quite a considerable and rapid increase, after something like twenty years had elapsed since vaccination became common. After that time there was no great increase on the average of years or periods, as even Dr. Cameron's figures, when taken as a whole, clearly show. I admit that there are indications of the protection afforded to the average vaccinated person being less now than it was even twenty years ago, and this seems to be especially the case with young children. But even here we are not driven to accept the deterioration theory, as affording the only explanation. Is it not true that, until the outbreak of the present epidemic in Great Britain, just as has been the case here, vaccination had come to be looked on, by most parents, as a disagreeable duty to be submitted to, instead of a boon to be sought for? Small-pox had ceased to be a serious danger, and so the smaller the marks on a child's arm, and

the fewer the number of them, the better the mother was pleased. Vaccination too often has been, and is, little better than a farce. And, further, of late years the method of direct vaccination, from arm to arm, has been becoming less the rule and more the exception. The active properties of an organic or organised ferment must, almost with certainty, suffer from any kind of preservation, and if we may judge from comparative trials made lately with animal vaccine, preserved in tubes and on points, the capillary tube, now so universally used, is not the best method of storing up lymph. The conclusion to be come to, as it seems to me, is that the deterioration of the protective power of vaccination, in the way alleged, is contrary to analogy, and is not proved by the facts and figures adduced, these being capable of other and more satisfactory explanation.

But what about our own position in the face of a probable introduction of small-pox from New South Wales? We can scarcely escape, and it is fortunate that we are better prepared than our neighbours across the border. The population of Victoria is fairly well vaccinated, though not nearly so well as it might be. Every one of us meets occasionally with families of several children quite unprotected, and there is good reason to suppose that in many the protection is very imperfect. It may be regarded as certain, therefore, that if the disease is allowed to acquire any considerable hold, it will find abundance of susceptible subjects. But then, on the other hand, it is not much boasting to say that our sanitary authorities are likely to deal with an outbreak in a more summary way than that adopted by those in Sydney. They have had the experience acquired in successfully stamping out previous outbreaks. We start too much further on than our neighbours in the matter of vaccination. But, if protection is to be at all perfect, re-vaccination must become more general than it has been, and, if it may not be desirable to make re-vaccination compulsory, it should be stated clearly and strongly, for the information of the general public, that all who wish to get the full benefit of the operation should have it repeated. It might be made an instruction to public vaccinators to make one insertion or more into the opposite arm of every child when brought back for inspection and certificate. This would ensure thoroughness in the first instance. Steps should be taken for the discovery of unvaccinated persons, and warning might fairly be given that the penalties for neglect would still be enforced, even though, from carelessness or any other cause, years had been allowed to pass since the birth of a child, without the vaccination regulations having been complied with. In the Victorian Year-Book for 1879-80, sec. 451, it is stated that in the years 1873-79 the per-centage of successful vaccinations reported to births registered, amounted respectively to about 80, 83, 82, 80, 87, 82, and 82. Even making allowance for deaths before the age of six months, and for vaccinations not reported, it is apparent that cases of neglect are too numerous. These figures, in fact, though fairly satisfactory, are not nearly so good as those for Scotland, where the Compulsory Vaccination Act has always worked well. In 1877 no fewer than 88.816 per cent. of the children born were certified as successfully vaccinated, and by deaths, insusceptibility, &c., most of the others were accounted for; the unknown, from removals, &c., amounting only to 1.835 per cent.

In Scotland there seems to be very little difficulty in accomplishing such an excellent result, the objectors to vaccination being very few in number. Here too, in all probability, there is very little objection that deserves to be called reasonable, most of it being little more at bottom than an excuse for apathy. The one ground that must be met is the supposed danger of communicating other diseases, and above all syphilis. In fairness it must be admitted that there is a possibility of this happening, but it is one of those dangers which are quite preventable, and, as a matter of fact, it happens so rarely that I never knew a case, and never recollect meeting any medical man who had seen one. Supposing it, however, to be even a possibility, and any parents are found protesting against the compulsory vaccination of their children for that reason, it is right and fair that everything should be done to satisfy them. It is for this reason that facilities for obtaining lymph direct from the cow should be afforded to those who prefer it. I do not believe that it is essential to thorough protection; the proper and repeated insertion of so-called humanised lymph with certainty provides that, and has other advantages. It is a vast saving of trouble, the child vaccinated to-day being the source from which the matter is got, without preservation or intervention, for vaccinating others next week. There is great saving of expense, and this must be considered where the Government pays the bill. It is more certain, as clearly appears from the large per-centage of failures reported by practitioners who have been making trial in England of lymph from the calf. TTT

* "On Traumatic Infectious Diseases." New Syd. Society's translation, 1880, p. 73.

milder in its operation, and this, when vaccination is performed on very young children, is a matter of some consequence. In view of all that has just been shown, I am justified in saying that too much has been made of this agitation for vaccine direct from the cow. The tendency has been to unsettle people's minds about the proved virtues of vaccination as ordinarily performed, and to alarm them unnecessarily about the risk of having specific disease accidentally imparted. The thing can be accomplished without Royal Commissions and other such violent measures, and the simple procedure of inoculating cow or calf with vaccine matter from a child's arm, or from the pustules of a small-pox patient, is all that is needed. What is to be gained by hunting the colony over for genuine cow-pox if there is no such disease? A stock of animalised vaccine can be got without delay, trouble, or expense, by the process of retro-vaccination, while it appears that there is considerable liability to mistake other eruptions on the udder of cows for true cow-pox; and, considering the confessed rarity of the latter disease, it is doubtful if there are many in this colony who have ever seen it, and so could diagnose it with certainty.

A CASE OF DOUBLE OPTIC NEURITIS.

By THOMAS EVANS, M.R.C.S. Eng., L.S.A. Lond.

EARLY in June last year a single woman, aged twenty-six years, consulted me at the instance of Dr. Moffitt, with reference to the rapid failure of her vision.

History.—Eighteen months ago her general health began to fail, she lost flesh, noticed a discharge from the nostrils, her hair began to fall off, but until six weeks ago her sight was unaffected, the left eye then began to fail, and the vision of the right became impaired shortly after. She does not remember having had any eruption or sore throat.

Present Condition.—Her appearance is cachectic and broken down, skin flabby and muddy coloured, pulse over 100, weak, no appetite; there is a fetid discharge from the nostrils, the nasal bones are settling down, her voice is natural, and there are no traces of ulceration, old or present, about the fauces and tongue, the latter is coated and indented at the edges.

R.E. visus = Counts fingers

L.E. v. = Jäger 10 at 8 inches.

Ophthalmoscope.—R.E. The optic disc is swelled and striated, the vessels gorged and tortuous, but not obliterated in any part of their course, showing the absence of any degree of exudation, the retina in the neighbourhood of the yellow spot looks blanched, but this appearance is not sufficiently decided to justify the assertion that any infiltration of the retina exists. L.E. The optic disc is very white, and the edges more defined than is usual in consecutive atrophy, the small nutrient arteries of the disc are wanting, but the arteries supplying the retina are of a fair size.

Treatment.—I suggested a course of the Bichloride of Mercury and Iodide of Potash: some tonic, generous diet, cream and stout if they could be digested, and moderate exercise.

June 25th (three weeks later).—

R.E. v. = Jäger 10

L.E. v. = Jäger 16

Ophthalmoscope.—R.E. The optic disc is less swelled, vessels less tortuous. The infiltration in the region of the yellow spot less apparent. L.E. No change, to continue the same treatment.

August 2nd.—Her general health has not improved, digestion faulty, and no form of mercury that she has tried hitherto seems to agree with her. Her sight however is much better.

R.E. v. = Jäger 6 at 8 inches

L.E. v. = Jäger 8 at 8 "

Ophthalmoscope.—R.E. Swelling of disc decreasing, it is becoming rather white. L.E. No apparent change.

October 25th.—Since her last visit to me she was seized with an attack of paralysis, and confined to her bed; the mercurial treatment was suspended on account of her debility, and tonics administered. She has recovered sufficiently to be able to walk up to my rooms, nearly two months having elapsed since I last saw her. A serious relapse in her vision has occurred.

R.E. v. = Jäger 16

L.E. v. = Jäger 10.

Recommended to recommence the mercurial treatment at once. Dr. Moffitt substituted the inunction of the Oleate of Mercury in preference to administering it by the mouth in the form of the Bichloride.

November 10th.—

R.E. v. = Jäger 10

L.E. v. = Jäger 18.

She is feeling stronger and better.

December 13th.—

R.E. v. = $\frac{20}{70}$ (for distance) and Jäger 1

L.E. v. = $\frac{20}{200}$ " and Jäger 8.

She is gaining flesh, the discharge from the nose is thinner and decreasing in quantity. **Ophthalmoscope.**—R.E. Optic disc white. Retinal vessels about normal size. L.E. No apparent change. To continue the inunction night and morning.

February 8th, 1881.—She is very much better, has gained over a stone in weight, her skin is elastic and clear, appetite good, pulse good, she sleeps well, and takes exercise without fatigue.

R.E. v. = $\frac{20}{40}$ and Jäger 1 at 6 inches

L.E. v. = $\frac{20}{70}$ and Jäger 1 at 6 "

To continue the inunction as before.

April 12th.—She is still improving in every way.

R.E. v. = $\frac{20}{30}$ and Jäger 1 at 12 inches

L.E. v. = $\frac{20}{30}$ and Jäger 1 at 12 "

The discharge from the nose is almost gone, and she is stouter than before her illness. **Ophthalmoscope.**—No apparent change in either eye since last note. The discs are remarkably white, and their capillaries seem altogether destroyed, but the retinal vessels do not vary from the normal standard (which by the way is a very lame expression, since these vessels may vary in size in different subjects without any corresponding diminution of the acuteness of vision, and I am not confounding this variety in size with that apparent difference of calibre, which arises from the fact that the optical conditions under which the fundus of the eye is seen are also constantly varying).

I directed her to gradually decrease the frequency of the inunction, but to continue its use until all discharge from the nostril ceased. Since this date she has not been to see me, but Dr. Moffitt states that she remains in the same satisfactory condition.

This case affords a striking example of the improvement in bodily health which will take place under the prolonged exhibition of mercury, the patient having been gently under its influence for more than a year. I should hesitate to notice so well-known a fact, were it not that many men, even at the present day, object to its use, on the plea that the patient is too weak to bear it. No tonic is so potent for good in the cachexia, which results from syphilis, as this drug, against the use of which the public have so strong a prejudice that a prescription containing it will sometimes lose one a patient. Another point of interest is the great improvement which resulted in the vision of the left eye, without any apparent change in the pathological condition of the fundus. It is probable that the nutrition of the retina was not impaired sufficiently long to produce organic change in its structure. It would also appear that the prognosis of optic neuritis, when occurring in combination with other symptoms which point to syphilis as the cause, is hopeful, even although the duration of the attack has been somewhat long.

But the most interesting speculation which suggests itself to one's mind is this: Was the neuritis descending or ascending? That is to say, did the inflammation commence in the ocular portion of the optic nerve, as the result of the syphilitic taint, or, was it due to the intra-cranial lesion, which subsequently caused the attack of paralysis? The best authorities of the present day agree that the pathological difference in the two forms is so slight that a differential diagnosis is impossible, still various points are laid down for guidance, and I am inclined to believe that this instance belonged to the former class, i.e., that in which the affection commences intra-ocularly. This, however, is a question interesting only to the specialist, and its answer would be unattended with practical advantage.

SCARLET FEVER DUE TO INFECTED MILK.—Scarlatina is causing some apprehension at Thames, N.Z. During the week ending September 17th over thirty cases have been reported to the Board of Health. The Medical Officer to the Board of Health reported that all the families in which the disease has appeared were served with milk from one particular dairy. The Medical Officer is now investigating the subject.

CASE OF TUBULAR PREGNANCY.

By L. G. DAVIDSON, M.D. et Ch M. Aber,
Hon. Surgeon to the Goulburn Hospital.

ABOUT the middle of July last I was requested to see Mrs. C., about 11 p.m. She had been in her usual health, and had walked to a friend's house in the town, leaving there about 9 p.m., with her husband. She had not gone more than a couple of hundred yards when she complained of great faintness and pain in the abdomen. Being quite unable to go farther, she was taken into the house of an acquaintance, and was put to bed. As she was retching violently, she had been given some brandy before I saw her. On arrival at the house I found that she had eaten a hearty tea of celery and cold meat, and I was inclined to think it was a case of flatulent colic. *She had not, however, seen any menstrual fluid for ten weeks,* and at this time a slight sign was noticed. I examined the areolæ round the nipples, and concluded she was pregnant. I prescribed an opiate, and did not anticipate anything serious. She slept at intervals during the night, and only occasionally complained of pain, but in the morning she became worse, and her friends sent for me at 8 a.m. On getting there I found her dying, and I remained till she died, a period of about a quarter of an hour. I did not feel justified in certifying to the cause of death without a post-mortem examination, and an inquest was held on the case. On opening the abdomen a very large quantity of blood was found—I should say about eight pounds weight—entirely filling the cavity. Believing that she was pregnant I removed the blood from the abdomen and examined the pelvic organs, and on the right Fallopian tube, near its opening into the uterus, I discovered a round cyst of about the diameter of a sixpence, which had ruptured, the impregnated ovum having escaped into the abdomen. Hæmorrhage occurred from the point of rupture, and consequent death. The uterus was quite healthy, but just about twice the size of the virgin uterus, and weighed about three ounces. I have never seen such a well-marked case of tubular foetation, and the danger in these cases must be very great, when, as at this early period, the Fallopian tube burst from over distension. I think the fatal results of this case may be considered as strong argument in favour of operation, when a diagnosis has been made out. In this case no diagnosis had been asked for, and I doubt the possibility of it having been successfully arrived at, had I attempted it.

Goulburn, October 5th, 1881.

CASE OF EXTRA UTERINE FŒTATION.

By JAMES CHARLES COX, M.D. et F.R.C.S. Edin.,
Late Hon. Surgeon to the Sydney Infirmary, and Consulting
Physician to St. Vincent's Hospital, Sydney.

In the year 1861, a lady died suddenly, I saw nothing of the case previously, but, in the excitement of the moment of her death I was asked to go in and see her, referring her husband to his own medical attendant for a certificate, and the following certificate was given as to the cause of death, "Nervous shock, following neglected constipation of the bowels."

The morning following, the neighbourhood was so shocked by her sudden and unexpected death, for it was almost instantaneous, that it caused unpleasant remarks to be made, and her natural look and the absence of the usual post-mortem dark marking of death led some to suggest that they did not believe she was dead. This so worked on the feelings of her husband that he requested me to call and examine her again, to see if she really was dead. By turning the body over I easily persuaded him that the usual marks of death did exist, but which had been concealed from his view by her position in the coffin. I advised him to go with me and report the matter to the Coroner, and asked him to let me make a post-mortem examination, which I did in the presence of the medical man who had given the certificate, and the following notes were made at the time. This case during life developed no symptoms which justified her in consulting a medical man, but she was always conscious of a difference in one side from that of the other, and felt it uncomfortable and full.

Mrs. C——, aged 21, had been married eight months; has been dead fifty-four hours; body well nourished, and covered with a thick layer of fat; does not appear to have suffered from bodily suffering previous to death; general surface of the body very denuded of blood; a few post-mortem stains about the back on which she had been lying; abdomen distended and dull on percussion. On opening the abdomen a large quantity of dark serum ran out; the peritoneal surface showed no signs of inflammation; the omentum covered the

intestines, and a few small clots of blood rested on it. On reflecting the omentum, a further escape of bloody serum occurred, exposing to view a mass of coagulated blood, completely covering the intestines and filling the pelvic cavity; removing these with care a highly congested roughened surface was exposed to the right of the median line, and partially surrounding a thin fluctuating sac. After mopping up all the surrounding fluid it was found not to be what it looked like at first—a pregnant uterus ruptured with the sac of membranes exposed. The uterus was found intact, rather pushed downwards, and to the left side. The walls of the sac tore very easily by handling, and a quantity of clear fluid escaped, exposing a well formed foetus of about three months. To the right of this sac, and between it and close to the fimbriated extremity of the Fallopian tube, was situated the rough highly congested mass before mentioned, which was found of a placental character, and from it a well-formed umbilical cord passed to the foetus, about three inches long. The placental mass itself was ruptured, and from it alone the blood had escaped. The cavity of the uterus was found three and a half inches long, and contained a dark menstrual-looking fluid, the walls were much thicker than natural and highly engorged with blood. The ovaries were congested, soft, and large.

REPORTS OF SOCIETIES.

CANTERBURY MEDICAL SOCIETY.

Christchurch, Thursday, September 22nd, 1881.

At this meeting of the above Society, held at the Literary Institute, an interesting and highly valuable report upon vaccination, and also upon the necessity for the erection of contagious diseases hospitals was presented, through the sub-committee, in accordance with a resolution passed at the previous meeting. We have not space to publish the report in full, but the following abstract of it will prove interesting:—"In the report, the committee in view of the epidemic of small-pox, now existing in Sydney, and of the danger of the disease spreading to New Zealand, points out the necessity for vaccination, and comments on the public indifference to the benefits conferred thereby upon mankind; it further enumerates a variety of causes which have contributed to bring about this state, among them neglect on the part of the authorities to prosecute those who infringe the Act by allowing their children to remain unvaccinated; the absence of some systematic inspection of vaccinations already performed; a want of knowledge on the part of the public of the advantages of vaccination and re-vaccination, and the absence from this colony of small-pox itself as a means of arousing public attention. A doubt is expressed that many of those supposed to be efficiently protected against small-pox by vaccination would not stand the test of exposure to the disease, in consequence of the vaccinations having been imperfectly performed; that the number of those remaining unvaccinated is still very large, and that, in consequence, serious and fatal results may be looked for in the case of an epidemic. It is, therefore, deemed desirable that the Society should bring under the notice of the Government the instructions issued to public vaccinators in England by the Local Government Board, with a view of securing their adoption here; that this Society should recommend the Government to appoint a qualified inspector for each provincial district throughout the colony, to examine and report upon present as well as future vaccinations; that premiums should be given, as in England, to successful vaccinators, in proportion to the number of their successful vaccinations; that public attention should be drawn to the necessity for and advantages of re-vaccination; that re-vaccination should be made compulsory in schools, asylums, reformatories, gaols, and other public departments, and that both public and private schools should be systematically inspected. The committee, while admitting the powerful influence of humanised lymph, when obtained from typical vesicles, also recognises the importance of from time to time improving the supply by reverting to the original source. They further believe that vaccination with humanised lymph when carefully performed, i. e., with lymph taken from typical vesicles, without any admixture of blood, is incapable of introducing diseases into the systems of those vaccinated with it. The committee express their opinion that to ensure reliable primary vaccinations, not less than four vesicles should be produced, and when practicable the vaccinations should be from arm to arm. They also state that, when primary vaccinations are imperfectly performed it is almost impossible to remedy the defects, because a child imperfectly vaccinated at the first vaccination, although partially protected by the vaccine influence, and insusceptible at the time to further vaccination, may yet

contract serious and fatal small-pox. In regard to re-vaccination, they believe the best results are obtainable when performed at seven years of age, and at or about twenty-one years of age. With the probability of an outbreak of small-pox in the colony at no very distant date, not only should those who have not yet been vaccinated be at once compelled to undergo the operation, but every facility should be afforded for the re-vaccination of the entire community, old and young. In consideration that small-pox might at any moment be imported, they advise the Government to erect a contagious disease hospital in every large centre of population, as it is deemed of the first importance that the accommodation for infectious disease should be ready beforehand; to provide properly organised ambulances, as well as a vehicle for the removal of those who may contract small-pox; to instruct the local authorities in all large towns throughout the colony to select a convenient site for a quarantine station; to procure a number of double-canvas tents in readiness for any emergency (these would be found particularly valuable during the approaching hot weather); to arrange with some medical practitioner in each populous district to attend upon those whom it may be necessary to quarantine, thereby avoiding the unpleasant experiences of Sydney; to have a few well-trained nurses re-vaccinated immediately, thus enabling them to withstand contagion when called upon to attend those suffering from small-pox, and to issue instructions that in case of an outbreak none but those recently vaccinated shall have access to the sick. In conclusion, the committee express the hope that all members of the society will lose no opportunity of instilling into the public mind the desirability of vaccination and re-vaccination, and likewise warn the public of the dangers attending the neglect of this simple sanitary precaution."

MEDICAL SECTION OF THE ROYAL SOCIETY OF NEW SOUTH WALES.
Sydney, Friday, October 14th, 1881.

C. K. MacKellar, M.B. et Ch.M. Glas., Chairman, in the Chair.

A meeting of the above took place at the Society's rooms, Elizabeth-street. There were about 19 members present.

Dr. Cecil Morgan said he had a patient waiting without, upon whom he had operated for cancer of the tongue. He had removed the entire tongue, as he had found it necessary.

The patient was then brought in, and examined by many of the gentlemen present.

Dr. Morgan then exhibited the tongue.

A very interesting discussion on this case ensued, which was confined principally to the relative advantages of using hot or cold wire in the ecraseur.

Dr. Morgan stated that, for his part, he intended using cold wire in all future cases.

Dr. Sydney Jones, however, thought that the cold wire would not restrain hæmorrhage so well as the hot.

Several other gentlemen spoke on the subject.

Dr. Charles Taylor, of Parramatta, then read his paper on an improved method of treating carbuncle by the injection of carbolic acid.

Dr. Sydney Jones said that Dr. Taylor's paper reminded him of the treatment suggested by Dr. Broadbent. Some four years ago he put his plan into practice in treatment of various growths, but perceived no good results from the practice. He would be glad to hear from Dr. Taylor what course the carbuncle takes after introduction of carbolic acid.

Dr. Taylor said he had explained in his paper that the tumor seemed at once to dwindle away. After the injection there is a slight discharge of pus through the aperture made by the hypodermic syringe, and in three or four days it has quite disappeared. In 24 hours after the injection the tumor has a different appearance—it is then that the pellet or core disappears. He had one case, that of a Chinaman, who was suffering from carbuncle: he injected the carbolic acid; considerable pain was caused; it became smaller by degrees, but the result was not so good as in other cases. When Dr. Beattie, his assistant, had opened one tumor, suppuration took place in this case, but with the plan of injecting acid the parasites were destroyed.

Dr. Morgan pointed out, that it was apparent that Dr. Taylor got these cases at a much earlier stage than the Hospital Surgeon got them, and, as a rule, the cases met with in the hospital were not those of healthy, well-fed young men, but on the contrary, and were such as he believed required a much severer remedy than that advocated by Dr. Taylor. He had seen a case of carbuncle where the mass spread over the whole of the head and shoulders.

Dr. Taylor admitted that in general practice, a carbuncle was not seen until in an advanced stage. If he met with such an one as referred to by Dr. Morgan he should certainly consider it beyond the stage to be treated with carbolic acid, and should adopt some other

means of treatment, but with him, in asylum practice, cases were seen on the second or third day of existence, he would not treat one in the Carbolic Acid injection larger than the size of a walnut. The quantity used by him was 10 drops; the proposer says 1 drachm, but he would not advise the use of such a quantity.

Dr. Watson then read his notes on a Case of Inversion of the Uterus, as follows:—

"Mrs. O., æt. 25, well made, and appeared to be in good bodily health, had had two children natural labours, a miscarriage nearly four years ago, and was delivered of the third child at 3.45 on the morning of September 9th last.

The labor began at 11 p.m. on the 8th. The midwife stated that the placenta came away in about three-quarters of an hour, and that she used no traction for fear of breaking the cord. All went well, as they thought, until next morning, when she complained of a pain and a desire to pass water.

I was sent for about 1 p.m., and found her very low, and complaining as stated. On examining the abdomen, the bladder was found to be greatly distended, and of an oval form from the pelvis upwards. On introducing my finger into the vagina I found a somewhat firm oval mass occupying nearly the whole of the pelvis. From its surface I removed some coagula, small pieces of placenta, and a portion of the membranes slightly adherent. I then endeavoured to find the os uteri, but could not, as it was entirely obliterated. Two well-marked depressions were to be felt in the mass, evidently the openings of the Fallopian tubes. I considered the case to be one of complete inversion of the uterus, with retention of urine.

Having passed a No. 7 male gum elastic catheter to its full length into the bladder, and no urine withdrawn, I attempted to replace the uterus.

These efforts together with the action of the abdominal muscles, caused a complete evacuation of the bladder. As I had no chloroform, and the screams of the woman were very great, I decided to leave her for a short time.

A little before 4 o'clock the same afternoon, having administered chloroform, she was examined by another practitioner, and he agreed as to the state of the uterus. I then attempted to reduce it by compressing with my hand, and forcing the mass upwards, but without avail. The fundus uteri felt soft and thin and the "cup" depression could be distinctly felt through the abdominal walls, but would only admit the tip of finger. By pushing the fundus exactly in the centre, and using counter pressure at the "cup" together with a stretching as it were with my fingers, the cup gradually increased in size, and allowed the easy return of the uterus. We then administered Liq. Ext. Ergot, and flapped the abdomen with a wet towel, and I kept my hand inside the uterus for about a quarter of an hour. When I felt the body begin to contract (although the os was quite patulous) and I then withdrew it and applied the usual binder.

I was afraid, owing to the thin feel of the fundus, that I might perforate it, and by the dilating movement in the "cup," might cause peritonitis.

The interesting points, however, appear to be, the easy return of the uterus after the latter proceeding and the non-appearance of urine, although I passed the catheter to the extreme end.

Besides a little vomiting, due to the chloroform, and a slight increase of temperature, there was nothing of any interest to note in the after treatment."

An animated discussion took place, and many gentlemen gave their experience in similar cases. Dr. Watson was congratulated on the success of his case. The hour being now late, the meeting closed.

MEDICAL SOCIETY OF VICTORIA.

Melbourne, Wednesday, October 5th, 1881.

James Robertson, M.D., President, in the chair.

Mr. C. B. Duigan, L.R.C.P., et R.C.S. Edin., was unanimously elected a member of the society. A letter was received from Dr. Wilkie, offering to present to the library a valuable collection of sanitary reports, which offer was accepted with thanks. An interesting paper was read on a case of hystero-epilepsy, with special reference to the dangerous results which may attend the inhalation of chloroform shortly after the unsuccessful use of large doses of morphia. Numerous pathological specimens were exhibited, illustrating the consequences of valvular disease of the heart.

PHARMACEUTICAL SOCIETY OF NEW SOUTH WALES.

Sydney, Tuesday, October 11th, 1881.

A. J. Watt, M.P.S., in the chair.

The eighth of a series of lectures, in connection with the Pharmaceutical Society, on "Materia Medica, Pharmacy, and Chemistry," was delivered by Mr. Frederick Wright, in the College Hall, School of Arts. The lecturer began by reviewing the past course of study, and spoke of the acids used in pharmacy. He divided them into organic and inorganic, binary and ternary groups, as well as classifying them according to their basic value. The salts that might be formed by the displacement of the hydrogen of the acid by metals were described, and the methods employed in their production explained. Mr. Wright concluded with some remarks upon the solubility of the salts produced by the monobasic acids. The chairman, in putting a motion for a vote of thanks to the lecturer, said that each lecture was more interesting than its predecessor, and he would be sorry when the course was concluded. The vote of thanks was awarded unanimously.

DYSENTERY is prevalent in Brisbane.

OUTBREAK OF MEASLES AT KAIAPOI, N.Z.—Measles are prevalent amongst the children at Kaiapoi, near Christchurch, N.Z., but what seems strange is that the disease shows itself only in one member of each family, instead of going through the family, as is usually the case. Measles are also prevalent at Millicent, S.A.

HOSPITAL INTELLIGENCE.

SICK CHILDREN'S HOSPITAL, ADELAIDE.

The Board of Management met at the Hospital on Thursday, October 6th, His Honor the Chief Justice presiding. The Secretary, Mr. R. C. Norman, reported 152 attendances at the Currie-street dispensary in September, the diminution in the out-door cases being attributable to the comparatively small amount of sickness prevalent among children. Contributions amounting to £28 11s. 3d. have been received from seven shearing sheds towards the erection of the proposed new wards, the plans for which were submitted for approval, and it was resolved that estimates for the same be obtained at once.

THE DRAINAGE OF THE ALFRED HOSPITAL, MELBOURNE.

A meeting of the honorary medical staff, consisting of Drs. Adam, Embling, Haig, Hardy, Henry, O'Hara, and Willmott, took place at the institution on Friday, October 7th, and again on Wednesday, October 12th, when a report was read by Dr. Henry upon the question of the sanitary state of the hospital. It fully bore out what has already been made known of the defective drainage and its evil consequences. The gentlemen present, however, disclaimed all responsibility in the matter, as they had never been consulted when alterations were made in the drainage scheme in 1878, under the direction of the Superintendent. They considered the management of the hospital should be undertaken by a senior medical officer, with a junior assistant, together with a house steward, in place of the existing arrangements.

VICTORIAN CONTAGIOUS DISEASES HOSPITAL, MELBOURNE.

The conference of representatives of the local municipal bodies, convened by the Central Board of Health to consider the question of erecting a Contagious Diseases Hospital, met at the Treasury on September 26th. Dr. Youl, the President of the Board, presided, and recommended the corporations to take concerted action and build a central hospital, each body paying its share. The site which had been selected near Fisherman's Bend, Sandridge, was in every way suitable. If this was not done, Dr. Youl said, the Central Board would put in force the Act, and compel each municipality to erect a hospital and provide proper medical supervision. We now learn that the Central Board has prepared the necessary plans and will proceed at once with the erection of this hospital.

A RESIDENT MEDICAL SUPERINTENDENT FOR THE SYDNEY INFIRMARY.—At a recent meeting of the Infirmary Board Mr. Edward Hordern submitted a motion for the appointment of a resident medical superintendent, at a salary of £750 per annum, with board. The appointment of a superintendent was generally approved, but the matter was deferred pending the passage through Parliament of the Sydney Hospital Bill.

THE COMMITTEE OF THE MELBOURNE HOSPITAL has decided that a registration fee of 1s. per month be charged to each out-door patient, and that the same charge be renewed each succeeding month. But this charge does not apply to cases of emergency, or to those whom the Secretary may think fit to exempt on the ground of poverty.

CHANGES AT THE MELBOURNE BENEVOLENT ASYLUM.—A special meeting of the Committee of the Benevolent Asylum was held on Monday, October 17th, to consider the proposed recommendations of the sub-committee, by which a saving of £200 per annum could be effected. After a stormy meeting, in which much personal feeling was displayed, the recommendations were agreed on. The office of resident surgeon is to be abolished, instead of which a visiting medical officer at a salary of £250 will be appointed. The dispenser's salary is to be increased to £100 a year. He will have to attend patients during the doctor's absence, and carry out his instructions. The office of matron is abolished, and a head nurse appointed instead, at £52 a year, with board and residence.

THE VICTORIAN EYE AND EAR HOSPITAL, MELBOURNE.

The new building for the treatment of Eye and Ear Diseases has just been opened, and the patients removed from the old and uncomfortable quarters in Spring-street to the present fine edifice. The building is situated on the summit of the Eastern Hill, in the immediate vicinity of the Fitzroy Gardens, and overlooking the whole of the city. The architecture is in the Greco-Italian style. The building has two frontages, one of 50 feet, and the other of 123 feet, and consists at present of two stories. The foundation is composed of Malsbury bluestone, having rather a too massive appearance, and executed at the cost of about £1,200, the total estimate of the building being about £6000. The superstructure is built of brick, and appears in certain parts to have been erected without any regard to the peculiar construction and intentions of certain parts of the upper

basement. As, however, the outer covering of cement and stucco are still wanting, the building cannot be considered sufficiently finished to permit of severe criticism. The entrance on the ground floor opens into a waiting hall, where the out-patients will receive attendance. On the same floor, and adjoining this is the surgery, consulting rooms, and dispensary. The out-patient department is kept strictly separate from the in-patients. On the same level and floor is a ward for in-patients, containing about eight beds; adjoining this is the kitchen, scullery, pantry, and bathroom. The basement is used for storage only. The second floor is divided into a ward for women, and another for males, each holding about eight beds, a lavatory, two hall rooms, and rooms for the matron and servants. At the north end of the building, on the same floor, is a well-lighted operating room, getting its light from the north, the east, and also from above. The height of the rooms from floor to ceiling is about 15 feet. A large and wide verandah and balcony runs along the whole length of the west side of the hospital. We regret to state that the matter of ventilation in the construction of the building has hardly received that consideration which it is universally acknowledged it ought to possess, the means of exchange of air being of the most primitive character. Another objection which we condemn, is the situation of the kitchen, which being placed immediately under the upper wards, forces the smell of the cooking to an uncomfortable degree into the wards. The strictest cleanliness is observable throughout, and we were pleased with the cheerful appearances of the inmates and the brightness of everything in the institution.

The hospital owes its existence mainly to the indefatigable energy of Dr. A. Gray, of Collins-street East, who has been untiring in his efforts to establish a special hospital for diseases of the eye and ear, and who has been persistent in his endeavours to interest the public and the Government in this charity. At present the Government subscribe an annual grant of £800. The total attendances for 1880 is calculated at 16,382. The yearly cost of the institution is estimated at about £1,200. The out-patients are now charged one shilling a month for printed cards of admission, and this has within the short period of its existence produced £76.

The Honorary Staff consists of Dr. A. Gray, Dr. A. Bowen, and Dr. J. P. Ryan.

MEDICAL APPOINTMENTS.

Blue, William Archibald Sinclair, M.D., of Strathalbyn, S.A., to act as Medical Officer to attend to the destitute poor and aborigines within district of Macleod, also to be Surgeon in the S. A. National Rifle Association.
Dix, Adye R., Chemist, to be temporarily Public Vaccinator for the district of Beaconsfield, Tasmania, vice Dr. W. G. L. Law, deceased.
Doyle, Patrick, M.D. et Ch.M. Dub., of Christchurch, N. Z., has been appointed Medical Officer to the Local Charitable Aid Board.
Finlay, Hunter, M.D. et L.F.P.S. Glas., to be Health Officer and Govt. Medical Officer for Port Douglas, Queensland; also Surgeon to the Port Douglas Hospital, vice A. H. Barrow, M.R.C.S.E., resigned.
Fitzgerald, Charles Penruddocke, M.R.C.S.E., L.S.A., Lond., to be Public Vaccinator for Walroa, N.Z.
Giblin, Edward Owen, M.R.C.S., Eng.; M.D. et Ch.M. Aberd., of Hobart, to be Officer of Health for the towns of Newtown, Sandy Bay, and Wellington, Tasmania.
Godson, Edwin, M.R.C.S.E., 1880, to be Assistant Medical Officer of the Hospital for the Insane, at Parramatta, N. S. Wales, vice T. A. Beattie, L.R.C.S. Irel., resigned.
Henry, George, L.R.C.S. Irel., Wellington, N.Z., has been appointed Hon. Surgeon to the Wellington Hospital.
Jackson, William Harvey, L.A.H. Dub., 1857, to be Officer of Health for Mornington, Victoria.
Kennedy, Nicholas J., L.R.C.P. et R.C.S. Edin., L.A.H. Dub., to be Govt. Medical Officer for Charters Towers, Queensland, vice Dr. W. Little, resigned.
McKee, James Charles, L.R.C.P. et R.C.S. Edin., to be Public Vaccinator for Costerfield, Victoria.
Matheson, Murdoch, M.D. Queen's College, Kingston, Canada, to be Govt. Medical Officer at Aramac, Queensland, vice Dr. S. W. Spark, resigned.
Matthews, Thomas, L.R.C.P. et R.C.S. Edin., 1880, to be Additional Vaccinator for the district of Shoalhaven, N. S. Wales.
Moran, Charles Ignatius, L.R.C.S. Irel., to be Govt. Medical Officer at Hughenden, Queensland.
O'Sullivan, Michael Ulick, Surgeon, to be Public Vaccinator for Numurkah and Wunghnu, Victoria.
Poland, James Harry, M.R.C.S.E., L.S.A. Lond., to be Govt. Vaccinator for district of Balranald, N.S.W.
Popham, F.W.H., M.R.C.S.E., L.R.C.P. Edin., L.S.A. Lond., of Gawler, S.A., to act as Medical Officer to attend to the destitute poor and aborigines within district of Barossa.
Ray, William Joseph Richard, L.S.A. Lond., M.R.C.S.E., to be Public Vaccinator for Seymour, Vic., vice Dr. John Tuck, resigned.
Shaw, James, M.R.C.S.E., to be Govt. Medical Officer for the district of Temora, N.S.W., vice Dr. J. R. Ryley, resigned.
Sturt, Thomas James, L.S.A. Lond., M.D. Lond., M.R.C.S.E., to be Government Medical Officer and Vaccinator for the district of Bulli, and Coal Cliff, N.S.W.
Symes, Richard Henry, L.R.C.S. et K.Q.C.P. Irel., to be Additional Vaccinator for the district of Port Macquarie, N.S. Wales.
Thompson, James, L.R.C.P. Edin., to be Govt. Medical Officer for Wollongong, N.S. Wales, vice Dr. Thos. J. Sturt, resigned.
Turner, Duncan, L.R.C.S. Edin.; L.R.C.P. Lond.; L.S.A. Lond., of Moonee Ponds, Victoria, to be Officer of Health for Essendon and Flemington.

NOTICES TO CORRESPONDENTS.

Articles, Letters, and all communications intended for publication, also Books for Review, to be addressed to "The Editor of The Australasian Medical Gazette, 35, Castlereagh-street, Sydney."

The Name and Address of the sender must accompany every communication, not necessarily for publication. Anonymous letters will not be noticed.

Contributors can have their Papers reprinted and published in Pamphlet form on very reasonable terms, if the necessary instructions are given at the same time the contributions are sent in. Full particulars will be forwarded on application to the Publisher of the "Australasian Medical Gazette," 35, Castlereagh-street, Sydney.

The Australasian Medical Gazette.

TUESDAY, NOVEMBER 1, 1881.

THE MELBOURNE MEDICAL SCHOOL.

FROM small beginnings the Medical School connected with the Melbourne University has become a large and important institution. As some think, it has been growing too rapidly, the graduates now sent out from it being almost numerous enough to supply the wants of the colony, and their numbers still increasing. At the end of the present year there will be about 12 ready to go out, and in another year the number in the same position will, probably, be over 20. In some of the earlier years of the course, which extends over five years, the numbers are still greater, there being actually no fewer than 160 students in attendance in 1881. It is not too much, therefore, to claim for the Medical School the leading place among the departments of the University. In the days when classes contained perhaps only two or three students, the arrangements might be fairly sufficient, and still be utterly inadequate to satisfy the present requirements. There has been great extension of knowledge, too, bringing with it specialisation, since Professor Halford was appointed to teach anatomy, physiology, and pathology. For a considerable time there has been discussion, more or less vague, about the necessity for making additions to the teaching staff, and for other improvements in the curriculum. A fully developed plan was sketched out, in the much-talked of report, by Professor Pearson, but no practical steps towards its realisation were ever taken by the Government, by whose directions it was prepared. Rather more than a year ago, at the instance of Professor Halford, the Faculty of Medicine addressed the University Council, asking that the Professor should be sent to Europe to see for himself the changes which had been going on since he left. The request was acceded to, and a sum of money granted for the purchase of apparatus towards the fitting up of a physiological laboratory. Since his return, Professor Halford, along with other members of the Faculty of Medicine, has drawn up a report, showing what is needed to raise the school to the proper standard of efficiency. That report has been adopted, and sent to the University Council, which has ordered it to be printed for careful consideration. The main improvements suggested are: first of all an addition to the buildings of the Medical School, providing a physiological laboratory, a new dissecting room, a pathological museum to contain preparations now at the Melbourne Hospital, and some extra accommodation demanded by the great increase in the number of students. The estimated cost of this extension is about seven or eight thousand pounds, and it is hoped that Parliament may be moved to make a special grant for the purpose. Some additions must be made, and it is almost a waste of money to do it in an imperfect and patchy way. The other suggestions contained in the report are mainly with reference to necessary additions to the teaching staff. It is proposed that there shall be a distinct Professor of Anatomy, who shall, in the meantime, supervise, with assistance, the instruction in pathology, and have the management of the museum; physiology, general and practical, remaining in the hands of Professor Halford. It is proposed, also, that the University shall appoint lecturers on Clinical Medicine, Clinical Surgery, and Ophthalmology, and divide the work of the present lecturer on

Materia Medica, so that there shall be a class of Materia Medica strictly, and another of Therapeutics and Hygiene. It cannot be said that any of these proposals is superfluous. Hitherto, for lack of funds or other reason, the University Council has left the practical training of its students in the hands of the physicians and surgeons of the hospitals, no one of them having any special duties or responsibilities in the matter. If the new appointments to Clinical lectureship are made, and the reputation of the school must suffer if they are not made soon, this anomalous state of matters will come to an end. The making of such appointments, too, gives an opportunity for some effort being made to bring about, generally, a closer relation between the Medical School and the hospitals. At present, as was pointed out by Professor Pearson, there is no guarantee that the staff of a hospital has, among its members, the men whom the University would deliberately select on their own merits as lecturers. The system of appointment as physicians and surgeons to hospitals by popular election is, of course, an utterly absurd one; and though it may be the case, just now, that there are gentlemen on the professional staff of the Melbourne Hospital, fully capable of performing the duties of Clinical teachers, it is a most undignified position for the University to occupy, in having its choice limited to those who, by purchase, tutoring, or other means, have first gained the popular vote. The right state of things would be for some understanding to be reached, between the governing bodies of the University and the hospitals, general and special, so that any gentleman elected to the position of lecturer on any practical subject, whether medicine, surgery, midwifery, or ophthalmology, would be secure of having beds allotted to him, without having to submit to the ordeal of popular election. The University would thus be completely unfettered in its choice, and those whom it chose as teachers might surely be relied on to do hospital duties at least as well as the average man put in by votes of guinea subscribers. The advantage is apparent, and it is not easy to see where any risk or disadvantage can well come in. We may surely hope that the changes now referred to will secure the approbation of the University Council, and that steps will, without delay, be taken for bringing them into operation.

THE BRITISH MEDICAL ASSOCIATION AND ITS AUSTRALIAN BRANCHES.

THE history of the rise and progress of the British Medical Association has been often told, and must be, to some extent, known to nearly all our readers. It would be unbecoming, however, in one of the early numbers of this journal, which is specially the organ of its branches in these colonies, to omit some reference to the facts. Shortly, then, the Association was started in 1832, with the special intention of bringing together the medical practitioners of the English counties, and so helping to overcome the disadvantages under which provincial members of the profession laboured. In the first year 310 members had joined the Association; after 10 years, in 1845, it numbered 1,300 members: in 1853 the number was 1,850; and in 1863 it was still only 2,200. From that time, from a cause to be mentioned, progress became much more rapid, so that in 1873 the number of members had risen to 5,500, and at the annual meeting in August 1881 it was reported that the total on the register of membership was 9,202. With the growth of the Association its resources have kept pace, the income for the year 1880 amounting to £16,705, and the expenditure to £12,346. On the whole then, we have proofs of an eminently healthy and prosperous state of things. It is necessary only to look at the list of members present at the annual meeting, or at the names of those contributing papers, or taking part in discussion, to see how fully the Association has succeeded in bringing into its ranks almost all the best men in the profession all over Great Britain and Ireland. Nothing, perhaps, has contributed more to bring about this most desirable condition than the efficiency of the *British Medical Journal*, which serves as the organ of the

Association. The transactions were at first published in an annual volume, nineteen of these having been issued to members. The inadequacy of this arrangement was of course soon felt, and in 1840 the *Provincial Medical and Surgical Journal* was started, not directly by the Association, but still for the purpose of carrying out its objects, a copy being supplied to each member. In 1844 it was made the official organ, and was continued under considerable difficulties for a time, weekly or fortnightly. In 1853 a new series, under the title of the *Association Medical Journal*, was begun in London, under the editorship of Dr. Rose Cormack, and continued till 1857, when the title was again changed to *British Medical Journal*, so as to be in accord with the name of the Association, which in the previous year had become the *British Medical*. Since that time it has grown steadily in size and importance, as well as in circulation, and it is universally admitted, that this is in a great measure owing to the able and judicious management of the present editor, Mr. Ernest Hart, whose appointment dates back to 1867. The circulation is now about 10,000 copies weekly, several thousands greater than that of any other medical journal in the world; and, as regards the literary and scientific value of the contents, it will bear comparison with any. The journal has never taken a narrow view of its obligations, and, while looking steadily to the best interests of the general practitioners, whose representative it may in a special sense claim to be, it has sought to stimulate the higher professional culture, and to further social and sanitary improvements of every sort. The Association regularly devotes considerable sums for the promotion of medical research, and the reports of investigators thus aided are regularly brought before the medical public through the pages of the journal. A large amount of space has been given to the subject of medical reform; and, among the latest struggles in the interest of the public health, has been a strenuous endeavour to prevent the passing of the Bill to amend the Vaccination Act, in the direction of making the compulsory clause practically useless. With such a large guaranteed circulation, and such a large body of able contributors, the *British Medical Journal* must soon be unmistakably the first of medical periodicals, just as now it is second to none.

SOME ACCOUNT OF THE FORMATION OF THE VICTORIAN BRANCH.

FOR some years it had been in contemplation by several members of the profession in Victoria, to establish in that colony a branch of the British Medical Association, but it was not until 1879 that steps were taken to that end. In the early part of that year Dr. Louis Henry returned from Europe, bringing with him letters from the President of the parent Association, empowering him to communicate with the profession in the Australian colonies, with a view to such an organisation. The first provisional committee meeting, which met to consider how far the organisation was possible, took place at the house of Dr. Neild, 165 Collins-street East, Melbourne, on Thursday, the 11th of September in that year. There were present on that occasion Dr. Neild, Dr. Henry, Dr. Cutts, Dr. Graham, Mr. Gillbee, Dr. Jamieson, Dr. Morrison, Dr. McMillan, Mr. Rudall, and Dr. Browning. It was resolved that a meeting of the profession be called, in accordance with the general rules of the Association, and that a proposal be submitted for the formation of a Victorian Branch. This was accordingly done, and a number of gentlemen, on being communicated with, entered warmly into the work. The first general meeting was held on September 25th, when thirty members of the profession enrolled themselves as the first members of the Branch. They then proceeded to adopt a code of by-laws, and to elect the Council. This was composed as follows:—Mr. Gillbee, President; Dr. Cutts, Vice-President; Dr. Henry, Honorary Secretary; Dr. Graham, Treasurer; Dr. Neild, Dr. McMillan, Mr. Rudall, Dr. Jamieson, Dr. Browning, and Dr. Morrison, Members of Council.

At each subsequent meeting of the Council other names were added to the list of members of the Branch Association, so that, by the end of the year, it numbered sixty-two.

The Council, on its election, at once put itself in communication with the other colonies, urging the formation of Branches in New

South Wales, South Australia, Queensland, Tasmania, and New Zealand, with a very gratifying result, so far as the two first of these were concerned.

Great interest was shown in the proceedings of the Branch at the meetings, especially as the Council took up several subjects in which the general interests of the community were concerned. The Transactions during the first year were as follows:—

Report of the Council on a visit to the Kew Lunatic Asylum.

The Comparative Fertility and Frequency of Abortions among Women in England and Victoria. By Dr. Jamieson.

Pathological Histology of the Brain in a case of General Paralysis, with microscopical demonstrations. By Dr. Morrison.

Report of the Council on a Visit to the Yarra Bend Asylum.

Some Points in Connection with Intra-uterine Medication. By Dr. Balls-Headley.

The Nature and Treatment of Delirium Tremens. By Dr. McCrea.

On Benzoate of Soda in Phthisis. By Dr. Jamieson.

On Paying-Hospitals, from a Professional Point of View. By Mr. Gillbee.

On the Therapeutic uses of Iodoform. By Dr. O'Hara.

On Lunacy Law Reform. By Dr. Morrison.

On Senile Cataract, with demonstrations of Perrin's artificial eye. By Mr. Rudall.

On the Treatment of Diphtheria by Copaiba. By Mr. R. Robertson.

On August 6th, 1880, the first annual meeting was held. The Council brought up a most gratifying report, and the Treasurer's statement was equally satisfactory. The Council was re-elected, Dr. Cutts, in place of Mr. Gillbee, being chosen President. In his retiring address Mr. Gillbee took occasion to disavow any feeling of rivalry with the Medical Society of Victoria, which Society, indeed, had furnished the bulk of the members of the Branch Association.

The second annual meeting was held on July 15th of the present year. The report of the Council showed a progressive and steady prosperity, the number of members being eighty-five. A report of this meeting was published in the first number of the *Gazette*.

The establishment of the Victorian Branch, it will be seen, therefore, is an event upon which the profession in Australia may congratulate itself. It has helped, and will still more help, to bind together the elements which compose our common brotherhood, and without in any way hindering the progress or superseding the purposes of the older Society, it will take up subjects which, while strictly of a medical nature, have a more immediate relation to the general interest than those which are commonly discussed in medical societies. And, moreover, being in alliance with the Branches in the other colonies, it will be able to co-operate with them in the discussion of those broader questions with which purely local Associations have less concern.

ORIGIN OF THE NEW SOUTH WALES BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

DURING the latter half of the year 1879 the progress of the British Medical Association had been noted and applauded by a few of the Sydney practitioners. The want of a medical society, where questions of ethics and other matters relating to the well-being of the profession might be discussed, had been for some time felt. The Australian Medical Association of Sydney had broken up in 1869. The Medical section of the Royal Society had been constituted in 1876, and its meetings were alone devoted to the reading of papers, letters, and reports on medicine and surgery, with their branch sciences and the discussions consequent thereon. A society which should have for its object the maintenance of the honor and interest of the profession, as well as the promotion of medical and allied sciences, was felt to be required. Towards the end of 1879 several practitioners were desirous of forming a Branch of the British Medical Association in New South Wales, and on the evening of February 9th, 1880, a meeting took place at Dr. Milford's residence for that purpose. There were present Drs. T. B. Belgrave, Craig Dixon, C. K. Mackellar, A. Moffitt, A. Renwick, W. E. Warren, R. D. Ward, and F. Milford. Dr. Moffitt having been unanimously voted to the chair, Dr. Milford pointed out that the parent association had been formed at Worcester in 1832, and that at the end of the first year of its existence it numbered 310 members; in 1863 it numbered 2200, and in 1879 more than 9000 members. He stated that he had been for some time in correspondence with Dr. Louis

Henry, Secretary of the Victorian Branch, with regard to the formation of a New South Wales Branch. He then moved the first resolution—"That it is desirable that a Branch of the British Medical Association be formed in New South Wales, and that this meeting hereby pledges itself to use every effort to assist in forming such Branch, and to advance its interests and the interests of the British Medical Association." This was seconded by Dr. Ward and carried unanimously. The next resolution was proposed by Dr. Renwick and seconded by Mr. Ward—"That a meeting take place at the Cambridge Club Hotel on next Monday evening at half-past eight o'clock, to which members of the medical profession be invited." This was carried unanimously. The next resolution was proposed by Dr. Mackellar and seconded by Dr. Warren, and carried unanimously—"That Drs. Renwick and Milford be appointed a committee for the purpose of drawing up by-laws for the Branch." After a vote of thanks to the chairman the meeting then separated.

On the 16th instant a meeting of the profession, convened by advertisement and circular, took place at the Cambridge Club Hotel. There were about sixty practitioners present. Dr. Moffitt, having taken the chair, called upon the Acting Honorary Secretary (Dr. Milford) to read the minutes of the last meeting. He then briefly stated the objects of the meeting, and the advantages which the profession would derive from the formation of the Branch. The Secretary then read the by-laws. Dr. Renwick moved and Dr. Mackellar seconded—"That the by-laws just read be adopted as the by-laws of the Branch." After some discussion and argument the by-laws were adopted as those of the Branch. Dr. Renwick then moved and Dr. Warren seconded—"That the meeting stand adjourned until that night fortnight, for the purpose of electing the Council and officers, according to the by-laws." Before leaving, a declaration was signed by members, stating that they were desirous of joining the Branch, and that they would support in every way the parent Association.

On March 1st the following Councillors were elected—Drs. Renwick, Moffitt, Fortescue, Schuette, Mackellar, Wright, MacLaurin, Marshall, O'Reilly, and Milford. From these Dr. Renwick was elected President; Dr. Moffitt, Vice-President; Dr. Wright, Treasurer; and Dr. Milford, Secretary. The first meeting of the Council took place at the Secretary's residence on the evening of March 22nd, when some business was transacted and the next general meeting fixed. During the year 1880 there were held nine council and eleven general meetings. Twenty papers were read and discussed at the general meetings and many points having reference to the welfare of the profession and the Branch were considered.

It was not until 7th July that the Branch was formally recognised by the Council of the British Medical Association, and intelligence that it was so recognised was not received here until early in December. This genial and kindly communication was passed at a meeting of the Committee of Council, and was couched in the following words—"Read communication from Dr. Milford, of Sydney, of May 18th, 1880, relative to the formation of a Branch in that city for the colony, whereupon it was resolved that the Branch be and it is hereby recognised and the by-laws approved. Resolved also that the Committee of Council desire to offer their warm welcome to the Australian Branches formed at Adelaide and Sydney, now formally recognised, and trust that the new Branches may not only be the means of cementing the good feeling which already exists between the members of the medical profession in England and her colonies, but may also facilitate the interchange of ideas, and so prove of value in the advancement of medical science and the interests of the medical profession."

At the last meeting of the year, held in December, it was decided to publish the Proceedings of the Branch during the preceding twelve months. In consequence an octavo pamphlet, containing about seventy pages, in which was a variety of information, was issued to the members. The first members' dinner took place in March, and was the commencement of the session of 1881. About forty members partook, and every one present seemed to pass a very enjoyable evening. This was shortly afterwards followed by the annual general meeting, when the election of the present Council and office-bearers took place. During the year deputations on the subjects of the introduction into Parliament of a Health Bill and a Compulsory Vaccination Bill waited upon the Colonial Secretary. A fair amount of work has been done during the year. The Branch now numbers seventy members, and appears to be rapidly increasing.

SCARLATINA has made its appearance at Table Cape, Tasmania, also at Brown's Diggings, near Smythesdale, Victoria.

MEDICAL NEWS.

THE foundation stone of the hospital at Echuca, Vic., was laid by the Hon. James MacBain, on Friday, October 7th, and upwards of £70 were laid on the stone in contributions. The portion of the building to be erected is in the centre, and the wings will follow at some future time. The contract for its erection is, we understand, somewhat over £1000.

A MAN, named E. L. Bruhn, died recently at the Hobart General Hospital. The Government undertaker, in due course, was instructed to bury the body. When the coffin arrived at the cemetery the officiating minister was surprised at its lightness, and on being opened was found to contain nothing but a few shavings. The undertaker, knowing that the body had been detained for dissection, his duty evidently was to have left the coffin until it was required. However, he appears to have arrived at the conclusion that it was intended that the coffin alone should be buried; hence the shocking and extraordinary spectacle of an empty coffin being presented at the cemetery for interment.

MR. C. R. BLACKETT, of Fitzroy, Victoria, delivered the fifth of the current course of health lectures on Monday, October 10th, to an audience of about 400 persons, in the Young Men's Christian Association's Hall, Melbourne. The subject of the lecture was "Plants in Relation to Health." Mr. Blackett made a vigorous protest against any attempt on the part of a thoughtless Government to destroy or tamper with the city or suburban reserves. The parks and gardens were, he said, the lungs of Melbourne, and the purifiers of its atmosphere, and not a rood of them should be touched by the Government or diverted to other purposes. He adduced examples of the disastrous effects produced by the indiscriminate destruction of trees in other lands, and warned Victorians against prosecuting a similar suicidal policy.

THE Mayor of Kaiapoi, N.Z., at the request of the residents, proclaimed a public half-holiday on Tuesday, September 20th, on the occasion of the funeral of Dr. Dudley, as a token of respect to the deceased gentleman.

DR. ARTHUR RENWICK, M.P., of Sydney, has been appointed a Member of the Executive Council, also to be Secretary for Mines for the colony of New South Wales.

MELBOURNE HOSPITAL BALL.—The ninth annual ball in aid of the funds of the Melbourne Hospital took place on Thursday, October 13th, in the Town Hall. The company did not number more than 500. The arrangements made by the stewards for the comfort and convenience of the guests were all that could be desired.

DR. A. K. NEWMAN, of Wellington, N.Z., has announced his intention of contesting the seat for Foxton at the ensuing general election. Dr. J. Kilgour is also mentioned as a candidate for the Thames, and Dr. J. G. Smith for Clutha.

DR. HENRY LYONS HARRIS, of Muttaborra, Queensland, has been appointed a Justice of the Peace for his district.

DR. EDWARD MYERS, late of Melbourne, who has filled the position of Medical Officer to the Hospital at Cairns, Queensland, from the day this institution was opened in 1877, has resigned, and contemplates removing to Herberton.

OWING to certain disagreements, Dr. Lamb, Assistant Surgeon of the Woogaroo Lunatic Asylum, near Brisbane, has resigned. Dr. Smith, the Superintendent, has also resigned. The resignations will not take effect for a month.

DR. E. C. HADEN, late of Teatree Gully, S.A., has removed to Gumeracha, a township twenty-three miles N.E. of Adelaide.

THE body of Dr. Roberts, who was practising at Port Germain, S.A., and who has been missing for some days, was found at Mount Fergusson beach, near Port Pirie, on September 29th. It is not known whether he accidentally fell off the jetty or was thrown into the water.

DR. BANCROFT, of Brisbane, and servant narrowly escaped death on the 20th September. The doctor was driving a pair of horses in a carriage when, suddenly, one of the wheels breaking, the horses took fright and bolted. The doctor jumped out, but the servant being thrown out was frightfully hurt. The carriage was smashed.

DR. A. T. P. CUTTING, of Mudgee, N.S.W., intends leaving this district. A very successful farewell complimentary concert in his honour, under the auspices of the Good Templars and Freemasons, took place at the Local Mechanics' Institute on Thursday, October 13th.

DR. WILLIAM JOHN MORIER, of Willunga, S.A., has been appointed a member of the Board of Advice for his School district.

DR. GEORGE FREDERICK WICKENS, of Bright, Vic., has been appointed a Justice of the Peace for the Northern Bailiwick.

BRITISH MEDICAL ASSOCIATION.

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President-Elect.

BENJAMIN BARROW, F.R.C.S., Consulting Surgeon to the Royal Isle of Wight Infirmary, Ryde.

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W. F. WADE, M.B., F.R.C.P., Physician to the General Hospital, Birmingham.

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THE PRESIDENT OF THE ASSOCIATION.
THE PRESIDENT-ELECT.
THE VICE-PRESIDENTS.
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Editor of the British Medical Journal.

ERNEST HART, Esq., London.

General Secretary.

FRANCIS FOWKE, Esq., London.

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Recognised 1880.

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Vice-President—Dr. J. Jamieson.

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Honorary Secretary—Dr. L. Henry.

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 Lucas, Thomas Pennington, L.S.A. Lond., L.R.C.P. Ed., M.R.C.S. Eng., Emerald Hill.
 MacGillivray, Paul Howard, M.A., M.R.C.S. Eng., Sandhurst.
 MacInerney, James, L. et L.M., K.Q.C.P.I., L.R.C.S.I., L.A.H.D., Fitzroy.
 Malcolmson, Richard, L.A.H.D., L.R.C.P. et S. Ed., Sandridge.
 Massy, Eyre Henry Charles, L.M., L.R.C.P. et S. Ed., Amherst.
 McCrea, William, M.B. Lond. et Melb., M.R.C.S.E., L.S.A. Lond., Hawthorne.
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 Moore, Henry Ogle, M.B. Dub., Dandenong.
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 O'Hara, Henry Michael, L.R.C.S.I., L. et L.M., K.Q.C.P.I., Brighton.

O'Neill, John, M.D. Ed., North Fitzroy.
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Ellery, R. L. J., F.R.S., Government Astronomer, Melbourne Observatory.

SYDNEY AND NEW SOUTH WALES BRANCH.

Recognised 1870.

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 Milford, Frederick, M.D. Heidel., L.R.C.P. Lond., M.R.C.S. Eng., Sydney.
 Moffitt, Andrew, M.R.C.S.E., L.R.C.P. Lond. Dead.
 Moffitt, John Ernest James, L.K.Q.C.P. Irel., L.R.C.S. Irel., Sydney Infirmary.
 Nott, Thomas, M.D. Aber., M.R.C.S. Eng., L.S.A. Lond., Woollahra.
 Oakes, Arthur William, M.B., C.M. L.R.C.P. and S. Edin., Woollahra.
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O'Connor, Maurice John, L.R.C.S. Irel., L.K. and Q.C.P.I. Irel., Sydney.
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 Quaffie, Frederick H., M.D. M.C. Glas., Woollahra.
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 Wright, Horatio George Anthony, M.R.C.S.E., L.S.A. Lond., Sydney.

. Gentlemen desirous of becoming Members of either Branch, will be good enough to communicate with the Hon. Secretaries, as under, who will take the necessary steps to further their election by the respective Councils.

New South Wales Branch—Dr. Frederick Milford, 265, Elizabeth-street, Sydney.

South Australian Branch—Dr. W. L. Cleland, Parkside, Adelaide.

Victorian Branch—Dr. Louis Henry, 119, Collins-street East, Melbourne.

ASSOCIATION INTELLIGENCE.

NEW SOUTH WALES BRANCH.

Friday, October 7th, 1881.

Dr. Moffitt, President, in the chair.

The nineteenth ordinary monthly meeting of the above Branch took place at the Board Room of the Medical Board, 142 Phillip-street. There was a very good attendance of members.

Dr. Milford read his case of "Compound Hydatid Cyst of the Liver," as follows:—

"Mrs. P., aged 30 years, was admitted into St. Vincent's Hospital on 21st April, 1881, and came under my care. On admission she stated that about nine years ago she felt a dull, aching pain over the stomach, and some time after discovered a tumour in the right hypochondriac region, about the size of her fist. For these symptoms she consulted a practitioner of Rockhampton, Queensland, in which place she was then residing, and was treated for liver disease by him. After about two years, feeling no better, she left Queensland and came to Sydney, where she underwent medical treatment, with a like result. She then went to Cootamundra with her husband, who had taken up a free selection, and remained with him, no improvement taking place in her health. In about two years her husband died, and she was forced to take a situation which required considerable muscular exertion. This she kept, but the inconvenience which was formerly experienced was now considerably aggravated. The tumour by this time was increasing considerably, and seemed to her double the size that it was when she first noticed it. After retaining this situation about three years she was compelled to leave it on account of the increasing pain and distress which she felt. She then consulted a practitioner at Cootamundra, and not improving after two months' treatment, a subscription was raised, and with the proceeds she came down to St. Vincent's Hospital. She entered the hospital on April 20th, and I saw her next day. She was weak, nervous, and badly nourished. Over the right hypochondrium was a large tumour, which extended from the epigastric and a portion of the left hypochondriac downwards nearly as far as the umbilicus. After a few days I diagnosed the disease as hydatid of the liver, and introduced a small needle attached to Weiss' aspirator. I only succeeded in evacuating a few drops of colourless fluid, and upon examination found the tube of the needle obstructed by a portion of membrane, which upon examination by the microscope proved to be a portion of the wall of an hydatid cyst. I tried the aspirator again with a larger needle after a few days with a similar result, and having ascertained that the cyst was one of a compound character, I satisfied

myself that a mere puncture would be of very slight and questionable benefit to the patient. After consultation with my colleagues it was agreed that an endeavour should be made to cause adhesion between the peritoneal covering of the liver over the cyst and the peritoneal covering of the abdomen immediately above it. To effect this a piece of potassa fusa was placed on the skin in the usual way, immediately above the most projecting portion of the tumour, and an eschar formed about an inch in diameter, of a circular form, and half an inch deep. In about five weeks the part had healed externally, and I felt certain that adhesion had taken place between the two inflections of the serous membrane. I then proceeded to make a large opening into the cyst. Having made a crucial cut into the cicatrix, I passed into and through the wound into the cyst a trocar of the calibre of a No. 12 catheter, and was rewarded by the evacuation of a few cysts, varying from the size of a pea to that of a pigeon's egg, and some fluids. I fixed in the canula and stopped up its orifice with a small piece of cork. This was opened night and morning for the period of about six weeks. Four weeks of this time morning and evening there came through the tube more or less of the daughter cysts, and then they ceased to discharge, and a semi-purulent fluid was discharged instead. At the end of the six weeks I removed the canula, and introduced instead a drainage tube, which remained in about a month. About the last week of the drainage tube remaining in, pure pus only escaped. After removing the tube the opening gradually contracted, discharging pus only, which gradually became less and at length ceased; the opening at the same time contracting at the sides and in depth, and has been now healed up about a week. The general health is excellent, but the cicatrix is still well marked.

Remarks.—I consider causing adhesion between the peritoneal covering of the cyst and that of the abdominal wall the proper course to adopt in the evacuation of all these compound hydatid cysts, and my knowledge is somewhat dearly bought, as about six years ago I punctured a compound hydatid abdominal cyst with a large trocar without having previously united the peritoneal surfaces, and the deplorable result was death of my patient. A post mortem examination showed that hundreds of the daughter cysts had escaped from the parent cyst through the artificial opening made by the trocar, and had subsequently adhered to the peritoneal surface of the abdomen, inducing peritonitis and subsequent fatal results."

Dr. Milford then said that the patient in question was in the adjoining room, and invited those gentlemen present who felt so disposed to examine her, and a number left the meeting room in order to avail themselves of the invitation.

On their return a discussion on the case was opened by Dr. Cox, who said that Dr. Milford was to be congratulated on the happy result of the treatment. Much was to be learnt from the excellent paper just read. Many medical men would see defects in the treatment of past cases, which might now be remedied by the adoption of the plan laid down by Dr. Milford. He had seen many of these cases, both in New South Wales and in Victoria, and he recollected on one occasion treating a child for the disease by opening the cyst and injecting iodine. The effect was so dreadful that he thought the child would have died, but was much pleased to see the ultimate happy result, for on the tenth day he found the hydatid membrane entirely destroyed. Considering all things, however, he would for the future follow the treatment advised by Dr. Milford in preference to that pursued by himself formerly, and he believed that medical men who had just seen Dr. Milford's patient would do the same. It was clear that the disease was becoming more prevalent in the colony, for now in the hospitals there were large numbers of cases, whilst just a few years back the disease was scarcely known. No doubt the increase might be partly accounted for by the extension of the railway into the interior, for people had more facilities for coming to town, and it thus enabled one to see more of what went on at a distance. In conclusion he might say that this case of Dr. Milford's should prove an exceedingly useful one to the profession at large.

Dr. Schuette had had a great many of these cases at different times. There could be no doubt that Dr. Milford's plan was a good one, but for his part he inserted several needles in place of the Potassa Fusa, and left them for a time, thereby getting adhesion between the serous covering of the cyst and the abdominal wall.

Dr. Fortescue thought that Dr. Milford's plan was the return to a somewhat old practice. Though good, it was perhaps unnecessary in a case of hydatids. The measures adopted by him were to puncture, and in return of fluid put in a large trocar, leaving the canula in the wound; then introduce through the canula an elastic catheter or drainage tube, leaving it in. The results were always good after such treatment. As to the increase of the disease referred to by Dr. Cox, there could be little doubt of that, but in his opinion the increase of the disease was due in a great measure to the increase of the population. Moreover, he considered the interior of Australia a hot-bed for disease: where the rivers were little else but ponds, there were great facilities for drinking the ova of the tape worm. The hydatid parasite was known to be the offspring of the *taenia echinococcus*, the tape worm of the dog, and in all probability the spread of the disease was mainly owing to the close association of the man and the dog. Many cases which had come under the notice of the profession in Sydney were from the interior, west of the dividing range.

Dr. O'Reilly, since having become Hon. Physician to the Sydney Infirmary, had had a great many cases, but always found from inquiry that patients had lived in the country for two or three years previously, and in every case partook of water to which dogs had easy access. From the results experienced he thought one tapping was generally sufficient. He had had one fatal case in a man who had strained himself.

Dr. Milford, in reply, said the treatment of simple cysts, as was referred to by Drs. Fortescue and Gillman, was very easy; puncture and repuncture by the aspirator, thereby drawing off the fluid, being all that was required to effect a cure. The treatment of compound cyst, however, is much more difficult. When dealing with the former case referred to in his paper his patient died, and he was satisfied that had the same means been used as were done in the present successful case a more favorable result would have been arrived at. With regard to the cause of the origin of the disease, it had been shown that it had been brought from Melbourne overland by the dogs which accompanied drovers.

Dr. A. Moffitt then read his paper on "Conservative Surgery," as follows:—

"As conservative surgery has now become the order of the day in most hospitals, I shall give two cases which have occurred in my practice here, which less than forty years ago would have been consigned to the knife.

"The first was a young man about twenty-four, Mr. F. Under the influence of strong drink he mounted a wild, untamed colt, which immediately ran away with him and threw him with such violence on an old cart that his leg passed through the bottom of it. He was carried home, and I was sent for. I had to cut off his boot, and found a compound comminuted fracture of both bones of leg. I could not compare it to any thing better than a stocking filled with

road metal, the sharp edges of the bones projecting through the skin in several places. From the appearance of things I could not tell whether any of the arteries, veins, or nerves had escaped laceration. Things looked so bad that I could not see any hope of saving the leg, and told the patient that it must come off. This he strongly refused, saying that he would rather die first. As he was then perfectly sober and rational I reasoned with him, but to no purpose. I then proceeded, under protest, to replace the bones, as far as possible, in their place, telling him that he must take the consequences if anything untoward happened. This he accepted, and having got the leg into splints adapted to the circumstances of the case, I put him to bed with very slender hopes of saving it. I knew of course there would be tremendous reaction, as the system was beginning to recover from the shock of the accident and the drink. This I anticipated by putting him immediately under large doses of quinine, until he was cinchonized. This I kept up by smaller doses for fully six weeks, until the wounds had healed and the bones united. In two months he could stand on the leg and move about with the aid of a crutch, and in three months he had perfect use of the leg. During the whole of the treatment he never had an untoward symptom. The wounds were dressed with resinous ointment moistened with spirits of turpentine, and no other antiseptic was used, and no abscesses formed. I think it will be admitted that this young man owed his safety entirely to quinine, as far as human means go.

"The next case was a lad about eleven years old (Master K). He fell from the parapet of his house, about thirty feet high, on the hard gravel walk. I was sent for about midnight, but not feeling well Dr. Brady went and saw the case, but as it was very serious he soon returned, and I went with him. The elbow was dislocated, which Dr. Brady reduced before he returned for me; the ulna was broken a few inches from the wrist, and forced out through the skin, and projected about four inches at right angles; the radius was broken in two places, but not displaced. The case looked desperate, and suggested immediate amputation, but remembering the leg case, I thought it better to put it up the best way we could, and wait for daylight next day. On examination we found the radial and ulnar arteries pulsating. The arm was secured to an angular splint, and the wounds dressed with an antiseptic lotion of bichloride of soda and salicylic acid, and remembering the excellent effects of quinine in the leg case, we put the patient under its influence for fully six weeks, until the wounds healed. A small piece sloughed off the end of the bone, which nature replaced by a piece of cartilage, filling up the gap between the end of the bone which remained in connection with the wrist joint. This case turned out splendidly, and the boy has the most perfect use of the hand and arm, and can join all the sports which boys usually engage in.

"I always use quinine after any serious shock to the system, where reaction may be expected, and with the happiest results, and I can recommend it to all my professional brethren, after an experience of over thirty years, as the best prophylactic after serious accidents and capital operations, and in case of blood poisoning we have no remedy equal to it. I always anticipate mischief by giving it immediately, and continue to give it till all danger is past. Most present will remember a few years back when a naval officer of high standing, with two or three seamen, lost their lives by blood poisoning from wounds received from arrows dipped in putrid animal matter. Their cases were published in the *Medical Gazette*. I remarked not a single grain of quinine was given in either case. I suffered from blood poisoning myself from delivering a woman of a putrid child. I gave quinine in large doses to the patient and took it myself, and the result was perfect recovery in both cases."

He then exhibited a sketch of the fractured limb, for which he said he was indebted to Dr. Brady.

A short but interesting discussion took place on the case.

Dr. Belgrave then read a long and interesting paper "On the Management of Hospitals." On account of the lateness of the hour discussion on this paper was postponed until the next general meeting.

A vote of thanks to Dr. Belgrave was proposed by Dr. Fortescue, and Dr. Milford, in seconding it, took the opportunity of correcting one statement which was in Dr. Belgrave's paper, which was to the effect that all the hospitals proper in the colony of New South Wales had a Government subsidy. He himself was connected with one—St. Vincent's—which had no such aid.

The meeting then closed.

VICTORIAN BRANCH.

Melbourne, Wednesday, October 12th, 1881.

Dr. J. E. Neild, President, in the chair.

The monthly meeting of this branch was held at the Hall of the Royal Society. There was a good attendance of members. The Hon. Secretary, Dr. L. Henry, having read the minutes of last meeting and correspondence, the following gentlemen were unanimously elected members of the society, viz.:—Drs. P. H. Cunningham, R. H. Dunn, W. Garrard, and F. W. Towle.

Dr. O'Hara read a paper on a "Transverse Compound Fracture of the Patella." (The paper will appear in our next number.) Patient exhibited. Dr. O'Hara further explained the case, and a short discussion took place upon it.

Mr. Gillbee considered it to be a most satisfactory case of conservative surgery. Many such cases would have been amputated. He had had such himself, and Dr. O'Hara should be congratulated upon its very encouraging and successful issue.

Dr. Jamieson had also had such a case of compound fracture, caused by a fall on the pavement. The patient was sent to the Melbourne Hospital, and a dressing of carbolic acid was applied, and the result was thoroughly satisfactory.

Dr. Tudor Hora had also successfully treated a similar case, simply with carbolic oil.

Dr. Jamieson then read an interesting paper entitled "Some notes on Disinfectants, with special reference to the recent circular issued by the Central Board of Health." For practical purposes, he said, the most reliable of disinfectants were carbolic and sulphuric acids, each of which had distinct and special uses of its own. The circular of the Central Board of Health was condemned as commanding certain things, the doing of which could not be enforced.

In the discussion which ensued, Dr. Cutts said they owed a debt of gratitude to Dr. Jamieson, and he hoped this paper would be published in full. (We are happy to inform Dr. Cutts, that his request will be complied with in our next issue.—Ed. A.M.G.) He wished the circular of the Central Board of Health were as concise. Deodorants, he added, were not disinfectants. It might be that a stink was associated with contagion, but yet it was only one stink destroying another. Therefore, the public should not have such a superstitious belief in them. He hoped, however, that the paper would have the effect of putting the public right, eventually. What corrected a stink might also destroy putrefactive infection. As to the circular of the Board, the question arose: Should a patient be removed to a hospital or isolated? He thought the authorities should have the power of removing a patient from his own home. If small-pox broke out here, it would, for the most part, be among the poorer classes, and, therefore, admitting of removal. As to the question of patients being attended by their own medical men, any prohibition would be resisted, nevertheless the authorities should discourage the practice. A medical man might see his small-pox patients at particular hours, and with the precautions suggested by Dr. Jamieson. Medical men were not obliged to attend, but the results of such refusal would be undesirable, so it would be better to prevent it. A letter of Dr. Mueller, of Yackandandah, in the *Argus*, describing a hybrid case, he (Dr. Cutts) believed it to be colonial pock. The points of distinction were: that the vesicles were not of uniform size. On bursting, they left a sore which left a purple mark, which remained a long time; also, the vesicles were larger, relative to the base on which it rested. The vesicle overhung the base, which was not the case in varicella, and colonial pock may be a form of varicella.

Baron Von Mueller would ask Dr. Jamieson if he had given attention to the disinfection of ozone.

Dr. Jamieson, in reply, said he had not seen much in the way of practical application. A solution of it destroyed bacteria, but he was not so sure of its value.

Dr. O'Hara had had several cases of colonial pock. In colonial pock the temperature was normal, while in varicella it went high—up to 104 degrees. That, he thought, was a good diagnostic point.

Dr. Cutts enquired if the varicella had shown on the throat?

Dr. O'Hara replied in the affirmative.

Dr. Jamieson stated that he had tried the effect of vapour in destroying dried bacteria. It certainly did destroy them, but he was not sure if the effect was not also due to the æther; the air also destroyed their activity. He was afraid there was no real practical way of using ozone.

The discussion then closed, and the meeting terminated.

OUR MELBOURNE LETTER.

MELBOURNE, October 24.

The proximity of small-pox to this colony has created a kind of scare, and, in consequence, vaccination has become more than commonly active. But a craze has taken hold of many people, in obedience to which they have urged the expediency of going back to the cow for valid vaccine lymph. It is no use telling them that the humanised lymph has not only not degenerated by its successive passing through the human system, but that, according to some excellent authorities, it has thereby derived an advantage. The cry has gone forth, and gone up, to heaven, or elsewhere, that vaccine lymph must be vaccine in more than name; and as cows have not been found with the proper quasi-variolous vesicles upon their udders, cows have been vaccinated with humanised lymph, and this retrogressive matter has been taken from them and used, in the belief that it represented exactly the original virus. At any rate, those who have been vaccinated with it have comforted themselves with the belief that they had obtained the genuine article, and were therefore more likely to be secure from small-pox.

And the Government, in conjunction with the Central Board of Health, have, at last, taken steps to establish a Contagious Diseases Hospital, so as to be ready, in the event of an incursion of variola in this colony, to isolate it. As a matter of course, the inhabitants of Sandridge denounced the proposition to fix it near that dismal seaport, and they got one of their local medical men to give reasons why it should not be established in that neighbourhood. But, as every other locality has been, by the authorities and inhabitants of the locality, pronounced equally unsuitable for the purpose, this latest objection is nothing new. In fact, for many years, every locality fixed upon by the Government, for a Contagious Diseases Hospital, has been in like manner denounced; so that it is consoling to think that, at last, we have a government who, after making the selection of a site, will hold to the site, in defiance of the interested and selfish protests of persons who imagine their property will be ruined by the proximity of such a hospital. And in the matter of small-pox, the Central Board of Health have issued a circular requesting medical men not only to report all cases of small-pox, a request which is reasonable enough, but also to subject themselves to certain processes of disinfection, and as disinfection is not certain, nor definite, nor well understood, the request is not reasonable. And on this point, Dr. Jamieson has read a paper before the Victorian Branch of the British Medical Association, showing how completely uncertain is the system—if that can be called a system which is only conjecture—of disinfectants altogether; and that the public leans, in this respect, upon a broken reed. The subject, no doubt, has not been taken up by the general public with the earnestness its importance demands. They are too ready to take for granted what is proposed to them, and to purchase with curious simplicity whatever is proclaimed in its way.

And with a similarly childlike confidence, they swallow down the specifics propounded by the shallow empirics, who write letters to the newspapers proclaiming the virtues of particular remedies, prophylactic and curative, of variola in all its stages. Of these the name is legion, and they are being swept up from every possible hole and corner, chiefly, of course, from domestic medicine books, those pestilent blind guides, which seem to tell so much and teach so little. But the average mind, in connexion with medicine, is always hankering after direct remedies. Thus, just now, an eccentric gentleman in one of the suburbs, is desirous of being thought to have invented a cure for consumption, in the shape of an "antiseptic respirator." And yet it is only a toy to any scientific mind; but it is a wonderful discovery to those who have had neither time nor inclination to consider it from a scientific standpoint. The scientific standpoint, however, is, as I need hardly say, the very last vantage-ground from which the public is likely to view anything connected with medicine, as all charlatans know. Indeed, the more conspicuously the charlatan element comes in, the more likely is any remedy to be accepted by the public. For this reason, Victoria abounds with quacks, and they pursue their vocation virtually unchecked. One of them, however, has lately been caught very considerably tripping, and he is now just about to be tried on a charge of murder, the occasion of his irregularity being the not uncommon one of abortion-procuring.

A really scientific and eminently practical question, however, has been re-opened by Dr. Jamieson, by a letter to the *Argus*, in which he calls attention to the mortality of women after parturition in the Lying-in-Hospital. As his facts are indisputable, they have not been questioned, and the expediency of providing means for attending

women in their own homes, must, of necessity, command more than a passing attention.

Concerning the other hospitals, the discovery of the extremely bad method of drainage in the Alfred Hospital, has caused consternation in the public mind, and humiliation in that of the profession. For it is to the profession that the public, of necessity, look for good example in such particulars. The hospital staff, however, have acted with notable promptitude, and although it has caused them to come in conflict with the Committee, it is felt that the Committee are in the wrong, and that the whole subject will require to be investigated.

The Melbourne Hospital have commenced to exact from each patient a shilling a month, which being a higher rate of pay than that of the friendly societies, should cause an accession of numbers to these latter bodies, and a corresponding reduction of hospital patients. The Benevolent Asylum, which it may be known is also a hospital, is henceforward to have no resident surgeon, although the inmates number nearly seven hundred. The object of the Committee in making this alteration was confessedly that of economy, and as the economy will probably act in a direction additional to that contemplated by the Committee, namely, by the more frequent deaths of persons requiring immediate assistance, there will, most likely, be more of saving than even the thrifty Committee imagined.

And still speaking of hospitals, it is announced that the amount raised during the eight years of Hospital Sunday collections, not including that of last Sunday, is £41,994 16s. 9d., a fact which speaks not ill for the charitable instincts of this community.

The annual meeting of the Australian Health Society has taken place during the month. This is an institution which is doing much good in an unpretending way, and it consequently merits all the support it has received from the profession. The Committee have disseminated a great deal of information in a readable form, and the lectures given, although not very numerous attended, have been of an excellent sort. The Society, in fact, requires only to be very much enlarged to produce a great social improvement.

I am glad to know that the British Medical Association of Victoria is increasing in numbers. The feeling that it was of necessity a rival of the Medical Society is dying out, and the work it has accomplished is accepted as an earnest that its objects are the well being of the whole community.

NOTES ON SMALL-POX AND VACCINATION.

Compulsory Vaccination in Tasmania.—An Act, causing the above measure to come into force, has been passed by the Parliament of Tasmania, and assented to by his Excellency the Governor.

Compulsory Vaccination in New South Wales.—A document was laid on the table of the Legislative Council, on Thursday, October 13th, containing the opinions of 15 medical gentlemen in Sydney on the subject of compulsory vaccination. These opinions were given at several cabinet councils, and with one exception—Dr. Brereton—the doctors all agreed in favour of vaccination as a protection against small-pox, and their testimony is very strongly in favour of compulsory vaccination. On the subject of re-vaccination, there is a difference of opinion. Some of the witnesses admitted the possibility of introducing deadly diseases, such as syphilis and scrofula into the system by vaccination, but others thought the diseases would not become developed unless the seeds of the disease were already in the patients. The document contains much useful information on the subject of small-pox.

Dr. M. H. Payne, of Thames, N.Z., offered the sum of £10 for a heifer suffering from true cow-pox, and we now hear that an owner, at Paeroa, having a young animal with that complaint has claimed the reward.

12,000 persons in South Australia have been vaccinated during the last two months.

The registered number of vaccination cases performed successfully on children under 14 years of age, in New Zealand, is as follows:—1877, 10,746; 1878, 11,495; 1879, 12,384; 1880, 13,628; total, during the last four years, 48,253.

Dr. Ovenden, of Kaipoi, N.Z., having received instructions to vaccinate all the natives in his district, has treated 82 Maoris successfully. The natives, however, refused to be vaccinated with matter taken from European subjects, but Dr. Ovenden overcame their scruples by using vaccine lymph from two of their children.

Dr. F. W. Armitage, of Tauranga, N.Z., under instructions from the Government, proceeded last month to the Hot Lake district, to vaccinate the Maoris.

The New Zealand Government has issued instructions to all Civil servants appointed since October, 1876, who have not been vaccinated, to have the operation performed in accordance with the provisions of the Public Health Act.

Mr. O. S. Evans, M.R.C.S.E., of Balmain, Sydney, has recently received twenty-four points plentifully charged with lymph, obtained from the cows at Wisconsin, the United States Government farm. Mr. Evans has forwarded 13 points to the Central Board of Health, Victoria, and distributed the remainder amongst members of the profession.

A supply of pure animal lymph has been received by Mr. Graham Mitchell, F.R.C.V.S., Melbourne, from the animal vaccine establishment at Manningtree, Essex, England, of which Dr. J. W. Cook is the medical superintendent. The application for the lymph was made a few months ago by Dr. L. L. Smith, and it has now been utilized in the vaccination of the calves at the model farm, Royal Park, Melbourne.

Dr. Benjafield, of Hobart, has forwarded 60 tubes of calf-vaccine to the Victorian Central Board of Health. The tubes have been handed to Dr. Plummer, of Sandridge, to test the quality of the contents. It is intended to use some of the lymph in vaccinating the cows at the Government model farm.

The General Government of New Zealand have forwarded to the principal public vaccinators throughout the colony, a supply of Belgian calf lymph, with which to carry out some experiments in vaccination.

The Melbourne City Council has voted a sum of money to be available for contingencies in case of an outbreak of small-pox. The country municipalities are also interesting themselves in providing means of isolation and treatment should cases break out.

Small-pox Hospital in South Australia.—The Architect-in-Chief has informed the S.A. Central Board of Health that the materials for the construction of a wooden hospital for small-pox patients are ready for erection on any site they may select.

The Queensland Small-pox Hospital in Victoria Park, near Brisbane, is now completed.

Dr. Andrews, of Albury, N.S.W., has written to the Victorian Board of Health, assuring them that every possible precaution has been taken to prevent the introduction of small-pox into Victoria.

Supposed Small-pox in Victoria.—Information reached Melbourne on September 20th, that a case of small-pox had been discovered at Yackandandah. The Central Board of Health at once took prompt action, and Dr. Shields, the Government Chief Medical Officer, proceeded there by the first train. The Board also received a telegram from Dr. Rohner, of Benalla, to the effect that an infant, 20 months old, had been discovered to be suffering from a modified attack of variola, but both cases turned out to be merely an outbreak of chicken-pox. Again, on October 13th, the police at Avenel telegraphed to Melbourne, that a supposed case of small-pox had been discovered in the person of a Chinaman's wife. The public vaccinator has seen the patient, and is satisfied that the disease is not small-pox. The Board immediately telegraphed directions for the isolation of the premises, and ordered Dr. Ray, of Seymour, to report on the case.

A small-pox scare prevailed in Wellington, N.Z., about the middle of September. A child was taken to the hospital, alleged to be suffering from the disease. The doctors then diagnosed the case as one of scarlatina, and subsequently as of measles. The case has a peculiar resemblance to one that occurred at Bendigo (Vic.), some five or six years ago, when the medical men first pronounced it to be scarlet fever, then measles, and it ultimately turned out to be small-pox. The effect in Wellington has been to cause a rush for vaccination.

Considerable excitement was caused recently at Nelson, N.Z., by a supposed case of small-pox. A child was brought down from Dovedale, and from its appearance fears were entertained that it was suffering from small-pox. After being admitted to an isolated ward of the hospital, some difference of opinion was expressed by medical men as to whether the case was really one of small-pox, but Drs. Boor and Sealy pronounced the disease to be cow-pox. The child having died, an inquest was held, when the medical testimony was conclusive, that death resulted from vaccine disease, and not from small-pox. With respect to this case, Dr. Sealy telegraphed to Dr. Bakewell, of Hokitika, as follows:—"The child had eczema over the face and body. It was kept with a baby with vaccine pustules on the arm, and got inoculated with vaccine lymph over the face, arms, and legs."

OBITUARY.

ANDREW MOFFITT, L.R.C.P. LOND., M.R.C.S.E.

It is our painful duty to record the death, on Friday, October 21st, of Andrew Moffitt, L.R.C.P. Lond., and M.R.C.S.E., President of the New South Wales Branch of the British Medical Association.

Dr. Moffitt was born on June 18th, 1815, at Clontarmill, in the County Fermanagh, Ireland. He was fourth son of Andrew Moffitt, Esq., of Clontarmill. His early days were spent on the beautiful banks of Lake Erin, bounded on the south and west by picturesque hills and mountains. At the age of thirteen years he had secured the best education to be obtained in the neighbourhood. He subsequently received instruction from his elder brother, a curate of the Church of England, and at his death was removed to a private school at Enniskillen, where he remained for a short time, and subsequently was removed to Portora Royal School, then, and even now, one of the best schools in Ireland. Here he remained until 1832, when he commenced his medical career by passing his preliminary examination at the Royal College of Surgeons, Dublin. In 1838 he passed his examination for the membership of the Royal College of Surgeons, England. In 1839 he entered the Royal Navy as Assistant Surgeon of H.M.S. "Clio," and sailed from Portsmouth to South America. During this cruise he visited Rio Janeiro, the Falkland Islands, and Cape of Good Hope, returning home in 1844. He shortly after re-embarked, and sailed for South America. In 1851 he was appointed Surgeon to H.M.S. "Penguin," which was one of the ships engaged in the suppression of the slave trade on the West Coast of Africa. Here he remained during four years. He returned home in 1855, when soon after he was appointed to the "Siren," on the South American station, and was obliged to return on account of an accident to the vessel. He married Miss Margaret Greer, the daughter of Mr. James Greer, now of this city, in 1856. He shortly afterwards passed as a Licentiate of the College of Physicians of London. At the close of the Crimean war he was appointed as surgeon to the "Eurotas" frigate; went out to the Crimea, and helped to transport the troops, engaged in the attack on Sebastopol, home, after the fall of that city. On arriving in England he found that his wife had gone to Sydney, with her family. This induced him to obtain leave and visit Sydney. He then commenced practice in Castlereagh-street. After he had been two years in practice he received orders from the Admiralty to resume his duties as surgeon in the navy; however, he preferred resigning his connection with the service to giving up the practice he had already gathered round him in Sydney. He remained in Sydney, following his profession, from that time up to the period of his death. He contributed considerably to the *Australian Medical Gazette* and other medical periodicals. He was a member of the Australian Medical Association, and one of the originators of the New South Wales Branch of the British Medical Association. He held the office of Vice-President during the first year of the existence of the N.S.W. Branch of the British Medical Association, and at the period of his death that of President. The dignity and urbanity with which he presided at the various meetings made him an especial favourite in his office. He leaves a widow and nine children—three sons and six daughters.

PUERPERAL FEVER IN BRISBANE COMMUNICATED THROUGH A MIDWIFE.—The Queensland Central Board of Health received a communication from the Registrar-General on September 30th, reporting eleven deaths of women in a few days from puerperal fever, all of which cases are said to have been attended by one and the same nurse, who attended the women at the time of their confinement. The Registrar-General further requested the Board to restrain the said nurse, for a time at least, from acting as a midwife, and so prevent the spread of the fatal disease, as there is every reason to suppose that, owing to this disease being highly contagious, the nurse carried the infection from house to house. Dr. Prentice, the Health Officer, confirmed this statement, and mentioned that he had instructed the nurse to see no more lying-in women for three months. A discussion ensued on this subject, and the opinion of the Board was, that, in view of the certain danger to human life resulting from any surgeon, accoucheur, or midwife having attended a woman afflicted with that fever, they should not be allowed to carry on their profession in this relation for two or three months after.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 2s. 6d., which should be forwarded in stamps with the announcements.

BIRTHS.

BORROWS.—On October 5, at Dunedin, N.Z., the wife of Dr. R. Borrows, of a daughter.
DICKSON.—On September 29th, at Bothwell, Tasmania, the wife of Dr. L. F. Dickson, of a son.
GARRARD.—On October 19, at 169 Collins-street east, Melbourne, the wife of William Garrard, M.R.C.S.E., of a son.
LEAHY.—On September 28, at Clyde, N.Z., the wife of Dr. T. Leahy, of a daughter.
MACQUEEN.—October 21, at Harold-street, Forbes, N.S.W., the wife of Archibald Macqueen, F.R.C.S. Ed., of a daughter.
O'HARA.—On October 3rd, at Brighton, Melbourne, the wife of Dr. Hy. Michael O'Hara, of a son.
PERKINS.—On October 12th, at Hobart, the wife of Dr. H. A. Perkins, of a son.
POWER.—October 12, at College-street, Hyde Park, Sydney, the wife of Dr. J. J. Power, of a son.

DEATHS.

CLEGHORN.—On September 21, at Blenheim, N.Z., Louisa, the wife of George Cleghorn, M.R.C.S.
DUDLEY.—On September 16th, at his residence, Kaiapoi, N.Z., Charles Dudley, M.D., aged 71.
LAW.—On October 16, at Beaconsfield, Tasmania, William George Lemuel Law, L. et L. Mid. K.Q.C.P. Irel., 1873, L.R.C.S., Edin. 1874, late of Hawthorn, Vic., aged 39 years.
MOFFITT.—October 21, at No. 3, Lyons-terrace, Hyde Park, Sydney, Andrew Moffitt, M.R.C.S.E. 1858, L.R.C.P. Lond. 1856, President of the N.S. Wales Branch of the British Medical Association, aged 66 years.
MORTON.—September 29, at Beverly, Goulburn, N.S.W., Alfred Ernest Mars, youngest son of Dr. Selby Mars Morton, aged 6 years.
OFFICER.—On September 26th, at Hailgreen, New Norfolk, Tasmania, in the 78th year of her age, Jemima, widow of Sir Robert Officer, M.R.C.S.E.
TARRANT.—October 10, at the residence of his nephew, Dr. Harman Tarrant, Macquarie-street, Sydney, Richard Hayes Tarrant, L.A.H. Dub., late of Kila, N.S.W., aged 73 years.
WAUGH.—On September 30th, at Brisbane, Francis Neill, infant son of Dr. John N. Waugh, aged 16 months.

MEDICAL VACANCIES AND OPENINGS.

Advertisements for this column, not exceeding five lines, are charged 2s. 6d., and 6d. for every additional line.

. Advertisers are requested to forward to the office of this paper full particulars of all vacancies and openings which are to be advertised in the *Australasian Medical Gazette*, to enable the Publisher to answer the inquiries of intending applicants.

An Experienced Pharmaceutical and Consulting
 Chemist wishes to hear of an opening. A country district preferred, where there is no position, and, if possible, no Medical Practitioner residing in the neighbourhood.—Address J. G., *Australasian Medical Gazette* Office.

Wanted, by the Australian Mutual Provident Society,
 duly qualified Medical Practitioner, to accompany a Travelling Agent; remuneration by salary, fees, and travelling allowance. Apply to the Secretary, Head Office, 87, Pitt-street, Sydney.

New Zealand.—The H.A.C.B. Society, Christchurch,
 invite applicants for the office of Medical Attendant. Present number of benefit members, 130. Applications to be endorsed M.D., and addressed to the Secretary, E. O'Connor.

New Zealand.—Wanted, for a country township, a
 duly qualified Practitioner; married man preferred. Practice now worth £500 a year, and capable of being largely increased. Value of societies at present, £185 a year. Apply Box 33 Post Office, Auckland.

Queensland.—Applications will be received by the
 undersigned for the appointment as Medical Officer to the Ravenswood Hospital; salary, £350 per annum. Private practice allowed. S. Simpson, Secretary.

Charters Towers District Hospital, Queensland.—
 Applications will be received up to November 10th instant, from duly qualified Medical Practitioners, to act as Surgeon to the above institution, at a salary of £400 per annum, with the right to private practice; population about 5000. Applications to be addressed to J. N. Longden, Secretary.

Victoria.—Good opening at Rosedale and district. For
 full particulars apply to the Rev. J. G. Wilson, Rosedale, Gippsland.

PROCEEDINGS OF COLONIAL MEDICAL BOARDS.

The following gentlemen having presented their diplomas, were duly registered as Medical Practitioners by the respective Boards:—

NEW SOUTH WALES.

Cuppaidge, John Loftus, Newcastle, M.B. et Ch.B., Dub. 1880.
 Godson, Edwin, Parramatta, M.R.C.S. Eng., 1880.
 Hankins, George T., M.R.C.S. Eng., et L.S.A. Lond., 1866.
 Irwin, John Anderson, L.R.C.S. Irel. 1879; L.R.C.P. Edin., 1880.
 Sinclair, Eric, Sydney Infirmary, M.B. et Ch.M., Glas. 1881.
 West, William Augustus, L.R.C.S. Irel., 1879; L.K.Q.C.P. Irel., 1880.

QUEENSLAND.

Matheson, Murdoch, Aramac, M.D., Queen's College, Kingston, Canada.
 Maxton, Laurence, Cunnamulla, L. et L. Mid. R.C.P. et R.C.S., Edin., 1877.

Communications, Letters, &c. have been received from Dr. L. Henry, Melbourne; Dr. Jamieson, Melbourne; Dr. J. C. Cox, Sydney; Mr. G. S. Davis, Detroit, Mich.; Dr. F. N. Manning, Gladsville; Dr. Thos. Evans, Sydney; Dr. J. E. Neild, Melbourne; Government Printer, Melbourne; Dr. L. G. Davidson, Goulburn; Dr. W. J. Barkas, Warialda; Mr. Jos. Wilson, Moree; Dr. Chas. Taylor, Parramatta.

HYDATID OF LUNG TREATED BY INCISION OF THE SAC AFTER INTERNAL RUPTURE.

By F. W. BAILY, M.R.C.S., ENG., L.R.C.P., LOND.—ADELAIDE.

Louis T.—, aged 15½ years, in December, 1880, began to suffer from troublesome cough, with expectoration of red streaked viscid sputa. Never had any pain in the chest, but sometimes suffered pain in hepatic region. Seen early in March, 1881, having suddenly become worse, his condition was briefly as follows:—Temp. 102, pneumonic expectoration. Full and coarse rales and tubular breathing, with well marked dulness behind from level of 7th dorsal spine downwards, on right side. In a fortnight all pneumonic signs, except dulness, had disappeared, and over the area of dulness, there was a distant breath sound with creaking at end of respiration, and absence of vocal fremitus, and expectoration changed in colour to a rich brown, as if deeply tinged with bile. No hæmoptysis until a few days ago (April 16th), when he expectorated a small quantity of blood, having coughed up pieces of cyst, without hæmoptysis, two days before. April 21.—Thorax somewhat retracted; liver dulness, 5½ inches in mammary line; dulness behind from one inch above angle of scapula downwards; respiration and voice sounds here almost absent, creaking at end of suppiration.

May 24.—Has coughed up several cysts during the last five days, with slight hæmoptysis. The area of dulness has somewhat increased laterally, and now absolute in axillary line from summit of axilla downwards, and posteriorly for a breadth of two inches along side of spine. Between these limits dulness not so well marked; breath sounds quite distant; shivered frequently lately; has not coughed up any cysts for three weeks. It was suggested to the boy's parents that the thorax should be incised and the cyst emptied, but much delay arose from the fact that the boy appeared to them to be in no way inconvenienced, and they were not agreeable to submit to any interference. The cough now became again very troublesome, and the intercostal spaces were noticed to be obliterated, and dyspnoea caused him some distress. The parents agreed to my suggestion on June 7th, but during the evening of that day the patient was suddenly seized with violent hæmoptysis during a fit of coughing. It was impossible to estimate the quantity of the expectoration, because he rejected much of it on the floor, and when I arrived it had been removed, but his father says there was a quantity of pieces of skin and small cysts. When I saw him shortly afterwards he was cyanotic and gasping for breath; his pulse small, 130.

June 8.—In consultation with Dr. Gardner, it was determined at his suggestion to open the thorax with a view of seizing the cyst, or, if this were found impossible, of allowing a means of exit for the fluid which was causing an incessant cough with great dyspnoea, and consequent prostration. The dulness which had previously existed in front and in axillary line had now disappeared, but posteriorly there was some slight dulness. Expectoration now prune coloured, profuse and offensive. It contained large pieces of mother cyst and some daughter cysts.

June 9th.—The patient lying on left side without any anæsthetic; an incision 1½ inches long was made posteriorly, between 9th and 10th ribs; a dissection was slowly made into the thorax with negative result, the finger introduced into the wound impressed on the upper surface of the diaphragm. Another incision was then made between 7th and 8th ribs with a better result. It opened into the cyst, and a long probe passed from behind forward was cut down upon in front, between 5th and 6th ribs, just outside the nipple. The incision was enlarged and a large drainage tube passed through, and retained no discharge. Evening—Temperature, 97; respiration, 34; pulse, 114. The immediate effect of the operation was highly satisfactory. His former desperate condition changed to one of comparative comfort, the cough almost entirely ceased and he was able to get a little sleep.

June 10.—Dressing removed to-day. Contained large pieces of mother cyst and a few daughter cysts, not offensive; urine greenish brown; temperature, 98; respiration, 40; pulse, 120.

June 11.—Morning.—Temperature, 102.6; respiration, 52; pulse, 120. Coughed only twice during the night. Evening—Temperature, 99.6; respiration, 45; pulse, 128. Dressed to-day. Discharge consisted of a pulsatious mass, apparently broken down cyst, and was not offensive; tongue furred; constipated.

June 12.—Dressed at 3.30 p.m. Temperature 97; respiration, 45; pulse, 128. Bowels moved by castor oil; stools clay coloured; sputa intensely bilious, of a light brown colour, changing to green on standing; odour of dressing less offensive.

June 13.—Cough worse, no cysts expectorated. On the 14th, the

discharge being very offensive, the antiseptic dressing which had hitherto been used was dispensed with, and the wound dressed with oakum. 15th.—An attempt was made to wash out cavity with Condy's fluid, but after 5 ounces had been injected violent coughing occurred, and the injection was immediately discontinued.

June 16th.—Most of the discharge, which is of a light brown colour, and separates into pus and clear fluid on standing, appears to ooze in a continuous stream from the aperture in front and is very offensive.

June 22.—The discharge is now gradually becoming less offensive, and lighter in colour, more like pure pus. The tube is conducted into a bottle, which receives nearly the whole of it, the quantity varying between 5 and 6 ounces during 24 hours. Has suffered from constipation, with clay coloured stools. To-day the bowels were relieved by castor oil twice, the first evacuation being clay coloured as before, the second intensely black. Since the operation he was observed to be rapidly losing flesh, until within the last two days, when he has been observed to be gaining in weight.

July 3rd.—From last date has been gaining flesh; appetite good; bowels regular; discharge lessening; retraction of thorax on right side increasing. Last night was suddenly seized with acute pain in left side, which prevented him from drawing a deep breath, and caused much distress on coughing. On examination no dulness was found, but coarse rales at base of left lung, and friction sound during respiration in axillary line. Temperature, 101; pulse, 136; respiration, 30; appetite bad.

July 4.—Discharge from cyst contains some blood; cough very troublesome; friction sound absent; other signs same. On 6th temperature normal; a few coarse rales at base of left lung; discharge measures 1½ ounces in 24 hours. 7th.—Appetite improved, discharge ceased. 8th.—Severe cough during night, with offensive hæmoptysis, small in quantity, and containing two small rounded masses the size of a pea, of white colour and fibrinous consistence. Base of left lung gives normal auscultation and percussion. 11.—Complaints of puffiness of feet at night; urine free from albumen, slightly alkaline, and deposits amorphous phosphates. 16.—One or two of the rounded concretions before mentioned have been invariably found in the tube at each dressing.

23rd July.—The tube was removed entirely with the intention of washing out the cavity, and so cleansing it, if possible, of any loosened cyst that might remain, but the injection of warm water caused such violent coughing that it was discontinued. Some of the water injected was immediately expectorated. The tube was replaced with much difficulty, owing, no doubt, to the channel which it had occupied collapsing on its removal.

August 24th.—Has steadily progressed since last date; no cough. The tube is divided into two parts and shortened half an inch twice a week. Complaints of some pain over liver; respiratory murmur is now audible to margins of the incisions, mixed with slightly harsh expiration, and a few mucous rales. He increases steadily in weight, having gained eleven pounds since the operation. His finger nails have become clubbed since the commencement of present illness.

This case is interesting as showing the immediate relief afforded by external incision into the sac, even after spontaneous rupture into a large bronchus, and apparently almost complete emptying of its contents. This was followed by most urgent symptoms of internal pressure, which were relieved at once by opening from without. It also exemplifies the recuperative power possessed by the lung after severe compression. There now remains a large sinus, which appears to be healing, but what will be its course, or how long it will take in healing, I am unable to say. The lung has evidently expanded almost to its original dimensions and is acting normally. In this case preliminary exploration would have given negative results, although it might have been fairly concluded that some fluid remained in the cyst after its internal rupture.

Catherine B., æt. 10. No satisfactory previous history. Says she had pleurisy "some time" ago, but present illness has lasted only a fortnight. Was an inmate of the Magill School until two years ago, when she was adopted by, and lived in, a family at Lakemans, near Port Wakefield. Her health failing, she was sent back to the Orphanage on August 10th, travelling in the mail coach. Was first seen by me on August 12th. She was then very emaciated, suffering from incessant cough without expectoration. Lies on the left side by preference, but can lie without much discomfort on either side. Complaints of pain in right hypochondrium. Respiration, 45; temperature, 102; pulse, 140. No difference on measurement; no obliteration of intercostal spaces nor bulging visible; deficient

expansion of right side; dulness from 3rd rib downwards posteriorly; very marked dulness from summit of axilla downwards; respiratory murmur merely weakened posteriorly, but absent in axillary line and normal in front.

On inserting an aspirator needle between 5th and 6th ribs, a little anterior to axillary line, then purulent fluid to the extent of 1½ ozs. flowed and suddenly stopped. A wire was passed through the needle to clear it, but without result. It was then inserted an inch outside the nipple, but no fluid came. On withdrawing the needle a second time a minute piece of cyst was found blocking its point. Chloroform was administered, an incision was made just external to nipple, between 5th and 6th ribs, and the cyst opened. About 30 ounces of fluid, containing a few daughter cysts and atheromatous mass, were evacuated. The finger being passed into the wound, the inner wall of the cyst was felt, and, lying at the bottom of the cavity, a mass of loosened cyst wall was distinguished. This was caught and brought through the wound and gently extracted. A probe was passed into the wound backwards, and cut down upon behind, and a large drainage tube inserted. On the 16th the wound discharged prune coloured matter, which on 17th became purulent.

In this case a large purulent hydatid cyst occupied a considerable space on the thorax with so little inconvenience to the patient that she complained of no distress until within a fortnight, and was able to travel alone in a stage coach from Port Wakefield to Adelaide, from which I think we may conclude that the cyst was not very large until it suppurated, when it suddenly enlarged, and caused the patient much distress. At some future meeting I will report the result of this case.

ON AN IMPROVED METHOD OF TREATING CARBUNCLE.

By CHARLES TAYLOR, M.D., Syd., M.R.C.S.E., L.S.A., Lond.
(Medical Superintendent, Lunatic Asylum, Parramatta, N.S.W.)

Having recently had the opportunity of demonstrating within the wards of the Hospital for the Insane, at Parramatta, the remarkable efficacy of the carbolic acid treatment of large carbuncle, I am desirous of placing before the members of this section of the Royal Society the *modus operandi* to be pursued.

I do not claim for myself in this matter priority of discovery; I merely claim the introduction of a bolder application of the principles of treatment as suggested by the originator of the carbolic acid treatment.

In 1869 Dr. Eade, of Norwich, first published in the *Lancet* his treatment of carbuncle by the application of carbolic acid, by inserting threads in a solution of the acid, diluted with oil or glycerine (1 to 4) into the apertures of the tumour, and applying lint saturated with a similar solution to the entire surface. In 1874 Dr. Eade had advanced a step onward in his treatment by endeavouring to insinuate portions of the same strength of carbolic acid into the body of the carbuncle by means of a quill pen charged with the fluid, introduced through any convenient opening into the diseased mass. In the event of no opening existing he employed some caustic—by preference the acid-nitrate of mercury, for preparing the way for the introduction of the instrument and the remedy. I trust that I shall be enabled to show that whilst Dr. Eade originated a most effective method of treating carbuncle, it was not sufficiently active and bold, and that he had not then arrived at the most ready and decisive mode of carrying out his own suggestions and practice.

I have for some time in my practice in this hospital discarded the use of the knife when treating cases of carbuncle, convinced that it is now unnecessary to inflict the severe pain of free crucial incisions in angry and highly inflamed tissues and that the cure of the disease is hastened if it be not at once arrested by the use of carbolic acid. I have recently treated six typical cases of carbuncle, all seated about the nape of the neck, and all occurring in men in good bodily health and in good condition. Five of these cases were treated within the first three days of their existence by injecting pure carbolic acid into them. The sixth case had been submitted to free incision by my colleague before I used any acid to it. The result is that the five cases treated without incision rapidly recovered, and the other is now only closing in, after dragging through the usual dilatory course of extensive sloughing and profuse suppuration. In those cases injected with carbolic acid the carbuncle appeared rapidly to put on altered and healthy action, laudable creamy pus was secreted, pain disappeared, and, to my great satisfaction and astonishment, cases that would in all probability have lingered through two, or three, or more weeks of incision, pain, poulticing and suppuration, were now happily terminated in a few days, leaving neither scar nor blemish behind.

Of the remarkable efficacy of this method of treatment there can remain no doubt. Those who for several years have witnessed my practice in this Hospital, and have seen the various methods of treatment in carbuncles, have expressed equal astonishment with myself at the rapidity, ease and comfort with which the cases of carbuncle recently treated were cured and dismissed. Up to the past six months I had been accustomed to use a solution of carbolic acid, made with diluting it in two parts of glycerine, always dreading the danger of absorption; but, discarding incision, and boldly plunging the needle of the hypodermic syringe into the carbuncle, and so inserting five or six drops of the solution. This was the first step towards the improved method of treatment, which produced most favourable results whenever tried. A short time since I met with an extract from an American medical journal, in which the free use of strong carbolic acid injected into carbuncles and malignant boils or pustules was ably advocated. But what most attracted my attention was the statement made by the writer, that, when employing strong or pure carbolic acid for injection, he had witnessed no unpleasant symptoms caused by its absorption, a result previously observed as following the use of the diluted acid. The theory propounded was that the strong carbolic acid coagulated the albumen of the tissues, and thus really locked up the acid where it was most required—in the body of the tumour—and sealed it against absorption. The quantities recommended by this author to be used were much more heroic than I should consider necessary or safe, as I have found that five or six drops of pure fluid carbolic acid, injected by means of the hypodermic syringe plunged boldly into the swollen part, set up such an immediate and alterative action within the diseased tissues, that I can see no good reason for risking the introduction of a larger quantity. In vol. 69 of "Braithwaite's Retrospect," Dr. Eade alludes to the blackened urine witnessed by him in several of his cases, when treated with the milder solution of carbolic acid, and only applied by means of lint to the surface of the carbuncle. In all my cases I have found one application of the acid sufficient, aided by the usual linseed meal poultice, fomentation, and such constitutional remedies as the individual case may suggest, viz., active alterative aperients, opium, quinine, or iron, improved or reduced diet, and rest. Most of my recent cases occurred in strong able-bodied young men in good health and condition, not one case indicated impoverished health, or poor enfeebled condition, contrary to what might be expected in a collection of people necessarily containing many broken down and impoverished constitutions. The results, however, to those of the profession who may have the opportunity, and be pleased to put this method into operation, will, I am satisfied, be as gratifying as this record is to myself. Carbolic acid exerts an abortive action or influence over carbuncles and furuncular inflammation, which, as Mr. Startin pointed out, owed their existence to the development of parasitic growth in and beneath the skin.

The late Mr. Startin, of London, a very careful and able observer, long since advocated the parasitic origin of carbuncles, founded upon the fact that upon several occasions he had found cryptogamic vegetation in them, similar to that found in sycosis, and the success attendant upon the use of carbolic acid, when brought into contact with it seems to favour the correctness of that view.

I have only to add that, fortified by the statements of the American practitioner, I have used the carbolic acid in its full strength with the greatest confidence and success, satisfied that the theory of the coagulation of the albumen of the tissues is correct, and that absorption of a very deleterious and active poison is thus effectually prevented. I only differ from this writer by employing smaller quantities of the acid, as even now I should shrink from injecting half a drachm of carbolic acid into a carbuncle at one operation, believing a third of the quantity sufficient for the treatment of any case at the outset. From what I have observed I think there would be but little risk, but I hold that so large a quantity is unnecessary.

I keep a separate syringe now for this purpose, and in preparing the acid for use, care must be taken that the crystals are dissolved, as they are apt, in fine particles, to block the needle. The skin of the surrounding region should be smeared with oil or cerate to protect it from the escharotic influence of any acid that may escape during the operation. Strange to say, little or no pain is manifested when the acid enters the tumour; but lunatics are known to bear pain and vicissitudes of heat and cold much more calmly than other people.

In some cases you will have one small orifice, or several pepper-pot openings, into either of which you may insert the point of the needle. The acid discharged into the swollen part, the patient at once becomes comfortable, experiencing a glow of pleasing heat throughout it. The carbuncle either quickly "aborts," discharges a small

quantity of pus and ceases to trouble, or runs through a few days of active suppuration, secreting abundant and healthy pus, and speedily terminating. This ready method of treatment suggests an effective means of dealing with carbuncle, boils, malignant pustules, collections of unhealthy or foetid pus, and, perhaps, growths and tumours. The wider application and usefulness of this method of treatment has yet to be undertaken and demonstrated, but it suggests to my mind a large field of beneficial operation.

As I stated at the outset, I make no claim to be considered as the originator of this mode of treating carbuncle; I only claim whatever credit may attach to developing the views of others, and so arriving, by experiment and observation, at the correct method of adopting and utilising them. By this method I claim for the patient suffering from carbuncle, however large or painful, an escape from the anguish and danger of extensive incisions, and considerable and painless abbreviation of a disease usually regarded as tedious, painful and exhausting.

CALOMEL FUMIGATION.

By WILLIAM S. BYRNE, B.A., M.B. and M. Ch., Trin. Coll., Dub. of Mackay, North Queensland.

(Late Senior Resident Medical Officer Metropolitan Free Hospital, London; and Surgeon Central London Ophthalmic Hospital.)

Some six or seven years ago a paper appeared in the *Dublin Journal of Medical Science*, the author of which was Mr. F. B. Kane, then a surgeon to Jarvis Street Hospital, describing a method by which the local application of mercury in the form of fumes of sublimed calomel could be applied with ease to parts comparatively remote and difficult of access, such as the pharynx and larynx.

Every practitioner recognises the immense control mercury and its compound exercise over most forms of syphilitic disease, and it is more especially in throat complications of this disorder that the little apparatus in question is most useful.

The instrument, as Mr. Kane devised it, consists of a glass tube about ten inches in length and half an inch in diameter. About two inches from one extremity it begins to taper, and narrows to an orifice, through which the lead of an ordinary pencil could pass. Just as it begins to taper a bulb is blown, in which is placed the calomel, and under the bulb is a small pan hung on the tube by wire. This pan, usually made of tin, holds a piece of lint or sponge soaked in spirit, which, when lit, heats the calomel. In the other end of the tube, which is half an inch in diameter, is placed a cork pierced by a piece of glass tubing, small enough to be encircled by the indiarubber tubing of Richardson's apparatus. Now, when the spirit is lit under the bulb, the requisite amount of heat attained, and the ball of Richardson's apparatus compressed, the sublimed calomel "steams out," and gives the part to which it is directed a white coating. I use the words "steams out" because the vapour, though quite cool, is exactly like steam, and it is by this name that patients invariably call it. When using this fumigator in cases of throat disease, I found it was at least disagreeable, if not dangerous, to allow the flame in the pan to go near the faces of my patients, so I had some tubes made with the bulb placed some four inches further back, and found the trifling alteration answered admirably. So much for the apparatus. During the time I was Senior Resident Medical Officer at the Metropolitan Free Hospital, London, I used this instrument extensively, and was much pleased with the results obtained. I can recall one case which impressed me greatly.—A woman, aged 40, presented herself one morning at Hospital for treatment. It appeared she had contracted syphilis fifteen years before, and now her pharynx and soft palate were one hideous mass of ulceration. The usual treatment in such cases was of course at once pursued. She took iodide of potassium thrice daily in five-grain doses, and also used a chlorate of potash gargle. There being no decided improvement the iodide was increased to ten grains, then fifteen, and then thirty, thrice daily. Iodoform, lotio niger, and acid nitrate of mercury were at different times applied locally. Then mercury was administered by inunction and internally, and strong solutions of nitrate of silver were painted all over the diseased parts. This decided and vigorous treatment was continued for over a month, but there was no improvement; indeed, things seemed to be going the other way. The calomel fumigator was then suggested, and after two or three applications a remarkable change for the better was seen. Its use was continued every second day, iodide of potassium was continued in fifteen grain doses, chlorate of potash was used as a gargle, and in

two months the patient left us well. This result, unhappily, does not follow in every case. I have seen the fumigator fail more than once, and in comparatively slight cases; indeed, I think its beneficial action is much more marked in severe cases.

The one great drawback to its use in throat disease is the nausea and vomiting which it sometimes induces. This, when it occurs, lasts from six to twelve hours after the operation, and then passes off until it is again applied.

I have never seen a single case of salivation occur from its use, and Dr. W. G. Smith, of the Adelaide Hospital, Dublin, who has used this instrument extensively, has never even seen any symptoms indicative of its approach. The frequency with which it should be used varies very much according to the case. In some cases once a week is all that is necessary, in others thrice.

Dr. Walter G. Smith, Vice-President of the King and Queen's College of Physicians, Ireland, in the *Dublin Journal of Medical Science*, "Notes on the Treatment of Diseases of the Skin," (May, 1881,) writes at length on the use of the calomel fumigator, not only in connection with specific ulcerations, but also in connection with those of non-specific origin. He mentions several cases successfully treated by this method, and amongst others, one of a man aged 45, who had non-specific ulceration of the leg dependent upon varicose veins. As healing progressed very slowly he fumigated the sore, and a great change for the better was seen. He then says, "I mention this case as an example of the utility of the fumigation method in non-specific indolent ulcers, and, without multiplying cases, may say that I fully endorse Mr. Kane's recommendation of this simple plan of treatment. It is painless even when directed on the most sensitive surfaces, is easy of application not only to the skin, but to the tongue, tonsils and interior of the mouth and nose, and yields, I believe, curative results exceptionally rapid and gratifying."

In conclusion, I may say that in some cases recovery has ensued, which I conscientiously believe would not have resulted but for the use of the calomel fumigator; and though a case now and then occurs in which it is perfectly useless, I have never known a single instance in which it has done harm. In my hands it has proved a valuable adjunct to other treatment, and its value only requires to be known to be appreciated.

A CASE OF HYSTERICAL VOMITING.

By W. J. BARKAS, L.R.C.P.L., M.R.C.S.E.
Medical Officer to Warialda Hospital, New South Wales.

Mrs. S., æt. 29, married, was admitted to the above hospital on April 16th, 1881, suffering from incessant vomiting. Been ill 8 days with cold, as she says, but was not so bad until the 11th, when she became feverish, had severe coughing and vomited everything, sometimes pure red blood, and great thirst. Further enquiries, however, brought out that she had always been a poor eater and very capricious in her tastes; frequently had severe heartburn and pains in her stomach. During the last 18 months these symptoms had been worse with the addition of frequent vomiting. The bowels generally irregular but easily acted upon by medicines. The menstruation very irregular, being too frequent and very scanty, but there is no constitutional disturbance at that time and no clots. No leucorrhœa. Some years ago she was under a doctor for something the matter with her womb, but what she does not know, though she was told they had taken hydatids from her. She is very readily excited to laughter, and dwells much upon her troubles, and has had fainting fits followed by crying and laughter and copious ejection of urine. The fact of her having been married 8 years and no children resulting, apparently has influenced her a good deal. Has not slept for weeks.

On admission I found her very weak and feverish, pulse 120, weak and small, skin hot, tongue reddish dry and cracking, no pain except slight headache, breathing slow but deep and full, no particular chest mischief, cough severe but very little expectoration, vomiting on taking food, bowels open, tenderness over ovaries, but she feels pain whenever one touches her, being evidently somewhat hysterical. A good many of the above symptoms were evidently due to her being brought through the bush for a long distance in an open cart. Ordered her food in tablespoonfuls, rest in bed, a mixture of Ammon. Carb. and T. Cinchon, every four hours, and a draught of Liq. Morphine and Atropine at once.

17th.—Vomiting ceased, except when she took a large drink of milk in the night. Has slept well, cough almost ceased. Pulse 100 and fuller, skin cool, tongue moistening, breathing easy, no pain but great tenderness over pit of stomach.

18th.—Still doing well. Pulse normal. Bowels opened by enema. Food in one ounce doses.

22nd.—Progresses favorably, but milk is returned unless given with brandy. All other food retained. Ordered mixture of Liq. Bismuth, Sodæ Bicarb., Sp. Amon. Arom. and Acid Hydrocyanic.

30th.—Feels weak, but stomach still rejects milk.

May 4th.—When I was away she had a severe hysterical attack. Menses only on her two days and very scanty. From this time she began to vomit incessantly, had severe burning in stomach, and a sense of all parts being drawn to that organ. Sometimes a feeling of intense cold there. Vomiting occurred directly after taking food, but gave no relief to pain. Food unaltered, accompanied by large quantities of fluid like water, but acid. No flatulence. Tenderness everywhere over abdomen, but especially over ovaries, immediately on touching skin. Abdomen neither retracted nor distended. Then came on loss of power of left leg, intercostal and dorsal pains, fluttering of heart, occasional loss of sight, mental visions, and complete insomnia.

June 10th.—The above symptoms have continued up to this time regardless of all treatment. Sleep only being procured by morphia hypodermically injected about twice a week. Yet, with all the want of sleep, pains and incessant vomiting since May 4th, and the inability to retain food for 19 months before that, the patient is fairly nourished, fresh coloured, tongue perfectly normal, and bowels easily acted upon by enema but are generally regular. No alteration of fæces. Menses return every two or three weeks and she has no particular womb trouble that I can detect. With the morphia she generally slept for 24 hours more or less, though I only injected three (3) minims, and during that time there was no vomiting. On June 10th I was asked to give the morphia as she was so bad, but in its place, being firmly convinced of the hysterical nature of the malady, I injected three drops of pure water, using all the usual formalities to impress her. As soon as I left the room she said to the nurse "Good night, I am off to sleep," and was asleep within five minutes, and slept for 15 hours, and kept somewhat better for a day or two just as used to happen after the morphia.

Lately there has been no heartburn as I gave her Bismuth Subnit gr. x with T. Opii, m. ii. ter die, but this has had no other effect.

22nd.—Have had no occasion to inject more water though there have been various hysterical attacks of pain, semi-insensibility, &c. Seeing that her heartburn had disappeared I stopped the Bismuth and Opium and gave her Glycerine in teaspoonful doses in cocoa without milk, this quantity to be taken three times a day. Under this treatment the vomiting and pain has almost disappeared and also the tenderness over abdomen, but there is still tenderness over epigastrium but nothing like what it used to be. The bowels were rather purged at first, but now are opened once every day. Cocoa and beef tea are easily kept down. Since last menstrual period, six weeks ago, there has been no return and now she complains of pains in sacrum and weight in lower part of abdomen. Ordered hot hip bath with no result. Added Ext. Ergot Liq. m. xv. to each dose of glycerine. I may add that she has improved most since her last hysterical attack, when I gave her a little "bouncing" as to what I would do if it occurred again.

July 8th.—Patient discharged to-day from hospital, being stout, rosy cheeked, free from stomach disturbance, good appetite and sleeps well.

I need make no remarks upon this case, I merely send the details, as it illustrates most markedly the dreadful state into which an hysterical woman will fall, the wonderful effect of imagination in its cure as shown by the hypodermic injection of water under false pretences, the benefit of glycerine in this form of vomiting and pyrosis, and its after effect as a tonic similar to cod liver oil.

PROCEEDINGS OF COLONIAL MEDICAL BOARDS.

The following gentlemen having presented their diplomas, were duly registered as Medical Practitioners by the respective Boards:—

NEW SOUTH WALES.

Maclean, William Finlayson, Wilcannia, M.B., et Ch., M., Glas. 1871.
Pocock, Zachary Pearce, Summerhill, Sydney, L.S.A., Lond., 1840, M.R.C.S., Eng., 1843.
Rygate, Robert Edward, M.R.C.S., Eng., 1881, L.R.C.P., Edin., 1881.

NEW ZEALAND.

Faulkner, Joseph, Dunedin, M.R.C.S.E., L.R.C.P., Lond.
Mountaine, John, Te Pahi, L.S.A., Lond.

QUEENSLAND.

Young, Arthur, M.D., Brisbane.

REPORTS OF SOCIETIES.

THE MEDICAL SECTION OF THE ROYAL SOCIETY OF NEW SOUTH WALES.

Sydney, Friday, November 11th, 1881.

C. K. MACKELLAR, M.B., et Ch. M., Glas., Chairman, in the chair.

The above meeting took place at the Royal Society's Rooms, Elizabeth-street. There were 12 members present.

Dr. Belgrave read a paper on the "Extinction of local outbreaks of Small-pox," in which it was contended that such was our power in controlling the extension of small-pox, that it might be correctly described as "simply a matter of organisation."

The author suggested that in large littoral cities liable to invasion of the disease, there should exist a hospital, with wards for the three varieties; also a SANITARIUM for the convalescent, a QUARANTINE RESIDENCE for those who have been within the sphere of infection, and an "OBSERVATION STATION" for such as are presumably sickening from an attack of small-pox. He also strongly advocated the establishment of a vaccine calf farm at Botany, and the appointment of a district inspector of vaccination. The author maintained that the subject of suitably preparing bodies for interment was almost completely neglected, not only in connection with small-pox, but generally. He condemned the practice of cremation as revolting to civilised sentiment, and totally unnecessary, as all its advantages could be derived by desiccation, and passing the derived vapours and dry air employed through a furnace. The practice of quarantining houses was condemned as fostering the disease, and it was suggested that a law is required to enable local authorities, with the sanction, it was understood, of superior authority, to appropriate buildings for hospital and quarantine purposes when occasion arises.

The Chairman said that the Medical Section was very much indebted to Dr. Belgrave for his paper. He thought, although there was an excellent small-pox hospital at Little Bay, yet that there was a great difficulty in persuading people to go there. The Government had the idea of a vaccine calf farm at present under consideration.

Dr. Jones stated that he concurred in most of the views enunciated by Dr. Belgrave, but he could not agree with him as to the deterioration of humanised lymph. His experience in vaccination was antagonistic to these views.

Dr. Milford failed to see the advantage of a calf farm, as the humanised lymph seemed to be all that was necessary.

The Chairman thought that some of the cases which were vaccinated by him seemed to be imperfect on account of the degeneration of the lymph. The idea of the Government in starting a calf farm is to procure the pure lymph from the disease of "vaccinia" in the cow, and to propagate it.

Dr. Jones then read for Dr. Roser a paper "On the experimental creation of Febrile Diseases, and on the Biology of Micro-organisms," as under:—

"I wish to direct your attention to some of the most important discoveries recently made in regard to experimental creation of infectious diseases, and in regard to the biology of micro-organisms engaged in these diseases.

Buchner, of Munich, succeeded in transforming the common hay-fungus into the Bacillus Anthracis. The striking resemblance in the morphological appearance of these oactérias, in their action upon the animal body, so widely different, is often spoken of. Cohn, and also Koch, in his well-known book about the infectious diseases, mention that they never were successful in producing splenic fever by inoculation of the hay-fungus—nor was Buchner. But he showed that the hay-fungus can be put into a watery solution of meat extract and sugar, and after cultivation of several generations the fungus is able to live in defibrinated blood, and there, at last, gets invasive abilities, i.e., one drop of this blood, crowded with the hay-fungus, is as infectious as a drop of blood taken from an animal suffering from splenic fever. Each of these drops will, injected under the skin of mice, kill the animal in the course of two or four days, and the *post mortem* examination will show all the characteristic signs of splenic fever. The bacillus anthracis taken from such an infected mouse can be transferred into a solution of meat extract, and from there, after a month's cultivation, into the hay infusion—in such a way the infectious fungus is transformed into a fungus perfectly harmless to the human body. Buchner leaves it an open question, how this change of abilities is to be interpreted.

Another series of experiments made by Buchner is well worth mention. He mixed fine powdered coal with a little blood contain-

ing the spores of bacillus anthracis, and let the powder dry again. Twenty-four mice were subjected to an inhalation of this powder, and they died from splenic fever after one to three days' disease. Larger quantities of the infectious powder were needed to be introduced into the bowels to procreate the mycosis intestinalis.

Buchner found it necessary to keep the vessels of cultivation in continual movement by means of a rotation apparatus, thus procuring a sufficient supply of oxygen to the bacteria. Beyond that, he took care to warm the experimental room to the temperature of the animal body.

Szpilman invented an ingenious apparatus to observe the bacteria under the microscope, whilst they were put under the most favorable conditions of life. He warmed his object table to blood temperature, and let a stream of oxygen, passing drop by drop in regular intervals, through the little glass chamber, in which he placed the fluid containing the bacterias. Under these, for all cellular development most favourable conditions, the bacterium anthracis grew during one hour's observation to about double its original length, and, in consequence, parted into two individuals.

Independent from Buchner, Grawitz, of Berlin, made some important discoveries. He adapted the common mould fungus (*penicillium glaucum*) to the blood, adding by degrees to the original substratum, the wetted bread, more and more of the constituents of the blood. *Penicillium glaucum*, thus adapted to the blood, caused, if injected into the veins of a rabbit, an infectious disease of a most disastrous character. All the animals died after about eighty hours, and nearly all the organs of the victims were covered and filled with little tubercles of the size of a millet seed, which, on microscopical examination, proved to consist of a dense network of the fungus.

Another valuable contribution to the knowledge of the tubercular diseases was recently given by Schüller, of Greifswald. He dried the granulations taken from joints which were excised on account of strumous disease; then he powdered and caused this mass to be inhaled through a tracheotomy wound into the lungs of dogs, and caused thus an acute infectious disease, with all the characteristic symptoms of acute miliar-tuberculosis. If he, after the inhalation, crushed one knee-joint of the dog he procreated there a chronic synovitis, the granulations being all over mixed with little tubercles. Schüller is inclined to believe a kind of micrococcus as the specific bacterium to which the tuberculosis and scrofulosis are due. I would rather think that a fungus like *aspergillus niger*, or, perhaps, the common *saccharomyces cerevisiae* may be the infecting parasite. That *saccharomyces* can live in blood, and that it absorbs the oxygen of it, satiating it in exchange with carbonic acid, is proved by Schuetzenberger. I cultivated myself *saccharomyces* in urine containing some sugar, but the common septic bacterium always overcame in a short time its motionless rival. I could not use such a fluid for injections into animals, as I certainly would not have caused a tubercular disease but the common septicaemia. Old and degenerated colourless blood corpuscles look just the same as old *saccharomyces* cells. No wonder that the latter have not been detected yet as a parasite in the human body.

Not only the common yeast fungus, but also several species of other micro-organisms and infusorias have been cultivated by me in urine, blood and milk. In each case I had to adapt them to these fluids by adding by degrees more and more blood or urine to the original menstruum which contained the cells. No cell can bear to be transferred direct from pure water to urine or blood; it shrinks together, because, in the urine so rich in salts, it loses its water by exosmosis. Only by increasing the amount of salt in the watery fluid the cells are enabled to be inoculated into urine or blood. I was so fortunate to introduce to the science of infectious diseases this principle:—*That only those cells and parasites which are accustomed to the amount of salt contained in the blood are able to live in the human body.* The details of this question are given in a little pamphlet published by me in March last, "Contributions to the Biology of the Lowest Organisms."

Dr. Belgrave drew attention to the inoculation of cattle as a preventative to pleuro-pneumonia disease.

Dr. Wright said that he had great difficulty in making out organisms under his very excellent lens. By inoculating an animal with the anthrax parasite, such as a guinea-pig, it caused the death of the animal, and when another animal was inoculated from it, it caused a milder febrile disease, which the animal recovered from in about three days.

A vote of thanks, proposed by Dr. MacLaurin and seconded by Dr. Wright was accorded by the meeting to Dr. Roser for his excellent paper.

The Chairman said that Professor Tyndall had published a work, procurable in Sydney, "Disease Germs in the Atmosphere," which exhausted the subject.

Dr. Wright made some remarks on a case of bronchitic asthma. Dr. Wright treated the case with subcutaneous injection of one grain Pilocarpin with great benefit to the patient.

Dr. Belgrave had a patient treated the same way with benefit.

Dr. Mackellar found benefit in grinding up the *Euphorbium piluliferum* with nitrate of potass, and burning the powder.

Dr. MacLaurin thought that morphia was of considerable benefit in asthma.

Dr. Jones thought that morphia and chloral hydrate were beneficial in the treatment of asthma. He thought that chloral hydrate was most beneficial in the treatment of uræmic dyspnoea.

The meeting then terminated.

PHARMACEUTICAL SOCIETY OF VICTORIA.

The annual dinner of this Society was held on the evening of the 16th November, at Clement's Café, Melbourne. There was a large attendance of pharmacists and guests. The President of the Society, Mr. William Bowen, occupied the chair. After the usual loyal toasts had been drunk, Dr. James Robertson, in proposing "Success to the Pharmaceutical Society and its Benevolent Fund," said the Society had been in existence a quarter of a century, and they had before them its twenty-fourth report. It contained amongst its members the foremost men in the ranks of chemists in Victoria, and was a large and influential body. The medical profession was greatly indebted to them for the care they took in dispensing prescriptions. Pharmacy was the handmaiden of medicine.

Mr. Bowen, in responding, said that pharmacy had made great progress lately, and referred to the International Pharmacy Congress assembled in London. He hoped that the outcome of this Congress would at least be an international Pharmacopœia. He then gave a number of examples of the differences in strength, notably of the tinctures, in the different Pharmacopœias. Alluding to pharmaceutical education, he hoped that it would be of a similar training to the medical profession, and he considered that the School of Pharmacy, under the superior direction of Mr. Cosmo Newberry, occupied no mean position among the educational institutions of Victoria.

Dr. Neild felt flattered to propose "The Pharmaceutical Board of Victoria." He considered the Pharmacy Act had, by means of the invaluable assistance given its working by Mr. Bosisto, become perfection. He was strongly in favour of a chair of Pharmacy at the University, and deeply regretted that with respect to that application the Council of the University had not granted it.

Mr. Bosisto, M.L.A., considered that the examinations for permission to dispense were equal to the major examinations of Great Britain. The Pharmacy Act of Victoria has stimulated the other colonies to the same step, and he thought that the duty of looking after adulterated food particularly devolved upon pharmaceutical chemists.

Mr. Grimwade proposed "The Pharmaceutical Society and kindred societies of Great Britain."

Mr. William Johnson, in reply, described his experiences as an apprentice in England, and pointed out that he could not get boys in Victoria to do the same work that he had to do.

Mr. Blackett proposed "The Medical Societies of Victoria." The medical profession, in his mind, took a higher position than even that of divinity, it assists into life and out of it, wards off disease, and personally he was under everlasting obligation to that profession. He was aware, and so were all present, that the medical profession always gave every assistance to the pharmacist. He believed that medicine could now be ranked as an exact science, side by side with astronomy and chemistry. He could not speak too highly of the excellent and superior way in which the new journal, the *Australasian Medical Gazette*, was edited, and he thought the publication a credit to the Association. One thing which, however, he felt bound to point out was the following advertisement, which, greatly to his surprise and amusement, was inserted—"An experienced *Pharmaceutical and Consulting Chemist* wishes to hear of an opening. A country district preferred, where there is no opposition, and, if possible, no medical practitioner residing in the neighbourhood." He thought such advertisements should not be encouraged. Let medicine be medicine and pharmacy be pharmacy, and let not one interfere with the duties of the other.

Mr. Gillbee responded as one of the oldest members of the Medical Society and the first President of the Victorian Branch of the British Medical Association. The druggists have always worked

harmoniously with the medical profession. Every profession contained a few black sheep, and we should rear our young men up to be the bulwarks of society.

Dr. Neild replied as President of the Victorian Branch of the British Medical Association. He thought division of labour was necessary for the manifold duties of this life. He had been twenty years editor of the *Australian Medical Journal*, and an advertisement of the character just read had never appeared in it. (Hear, hear.) He deeply regretted that it had been possibly overlooked by the editor. He assured the gentlemen present that more discrimination in the insertion of advertisements would be exercised for the future.

After a few more toasts, notably from Baron Von Mueller, K.C.M.G., Dr. Henry, Mr. Langton (of Messrs. Langton, Scott, and Eden), and Mr. W. H. Lane (representative of the leading drug houses of America), and a number of humorous songs contributed by some of the members present, a most enjoyable evening terminated.

[The Publisher of the *A.M.G.*, whilst regretting that the advertisement in question should have given annoyance to anyone, deems it only just and fair to the Editor to state that the said advertisement was inserted without the latter's knowledge, as the Publisher, considering it not objectionable, thought it unnecessary to refer the same to the Editor for approval.]

MEDICAL SOCIETY OF VICTORIA.

Melbourne, Wednesday, November 2nd, 1881.

James Robertson, M.D., President, in the chair.

The ordinary monthly meeting was held in the Society's Hall, and largely attended. Dr. M. U. O'Sullivan, of Mumukkah, and Dr. T. H. Steel, of Toorak, were unanimously elected members of the Society. A paper was then read by Dr. W. Snowball on "The Jury Mast in Spinal Diseases," and an exhibited model of this apparatus, constructed on a new pattern, received great commendation for its lightness and excellence of design. Other papers on "Hydatid Tumour of the Bladder," by Dr. S. Zichy-Woinarski, of Clunes, and on "Rupture of the Bladder within the Peritoneal Cavity," by Dr. Elmes, of Berwick, were also submitted, and considerable discussion followed. Numerous pathological specimens were exhibited, and the Honorary Secretary also submitted for the inspection of members a number of beautiful atlases of anatomy, histology, and pathology published during the last two years.

MEDICAL ASSOCIATION OF NEW ZEALAND.

At the monthly meeting of the above Association, held at the Dunedin Hospital, on Wednesday, November 23, it was unanimously resolved that the transaction of its business should be adjourned, as a mark of respect to the late Dr. Robert Borrow, who died from the injuries sustained in a buggy accident the previous week. The proposer and seconder of the resolution spoke in high terms of the deceased as one who had ever been an active member and warm supporter of the Association since its institution, and whose loss would be greatly felt. It was further unanimously resolved that a letter of condolence be forwarded to Mrs. Borrow.

PUBLIC HEALTH.

SCARLET fever has broken out at Wellington College, Wellington, N.Z.

THE ALLEGED EPIDEMIC AT RYDAL, N.S.W.—Some uneasiness was occasioned in Sydney towards the end of October by a rumour that a mysterious epidemic had made its appearance at Rydal, a township 93 miles west of Sydney. Eight sudden and inexplicable deaths are reported as having occurred in two days, and vague apprehensions were felt as to the nature of the fatal disease. It was stated that the attack is sudden, and in from two to four days death ensues, those seized being perfectly conscious of their state. The symptoms are febrile, and swelling of the glands is noticeable when persons are seized by the disease. Dr. Cecil Morgan, of Sydney, was promptly appointed by the Government to visit the locality and send in a report on the subject, and this showed that six of the victims were very young children, and died from whooping cough and pneumonia, one of the adults from abscess of the brain, and the other from acute inflammation, probably caused by exposure. There is no infectious disease known, except whooping cough and mumps, which complaints are very prevalent in the district.

A fatal epidemic has broken out amongst the Chinese diggers at Tumut, N.S.W. Several deaths occurred within a few days.

An epidemic of diphtheria and croup has prevailed amongst the children at Bourke, N.S.W., for some time. Several deaths have occurred.

GLEANINGS FROM THE JOURNALS.

In the last *Lancets* there is a most interesting paper by J. Milner Fothergill, M.D., on "The Prospects of Cases of Valvular Disease of the Heart." He prefers the term prospect to that of prognosis, as specifying the condition of the patient from the contraction of the disease to its termination; and while recognising the gravity of the disease, he does not consider the discovery of a murmur as hearing the death-knell of that patient. He earnestly points out to the profession the necessity of greater intimacy with heart disease, and remarks that the general practitioner is liable to take too grave a view of a case on detecting a murmur. He quotes from Professor Austin Flint—"The wretchedness that has been caused for years by a belief that apoplexy might occur at any moment. Even in cases where a liability can be recognised the event may not occur for a long period, if the patient do not die of some inter-current affection." Also from the late Dr. Latham, who held, "In consequences to life and health from permanent unsoundness of the heart remaining after endocarditis, there were three divisions: (1) cases in which, besides the permanent endocardial murmur, there were no other symptoms referable to the heart; (2) cases in which, besides the murmur, there is occasional palpitation; and (3) cases in which, besides the murmur, there is constant palpitation." Dr. Fothergill considers that it is only in the last division "where there is a series of morbid sequelæ gradually descending more or less swiftly." In looking at the prospects of mutual murmurs of organic origin it is worth remembering that 1 and 2 of the division are more frequently met with in young subjects as the result of a bygone inflammation, leaving a deformity of the nature of a scar, without tendency to retrogressive change. In illustration of these views, he relates several cases which he had under observation for at least eleven years. Regarding disease of aortic valves, although the tendency is to a more rapid decay, still the prospect is not utterly hopeless, and it is wise to give a cautious prognosis. Dr. Fothergill concludes an admirable paper by the hopeful remark that "the prospects of cases of valvular disease of the heart depend largely on the treatment employed."

DR. E. T. TIBBITS, of Bradford, "On the modern theory of the action of digitalis," advocates the older idea of its being a depressant or sedative. He remarks that the evidence is adverse to the theory of its being a cardiac tonic and heart stimulant. He contrasts the opinions of a large number of authorities, some stating that, in large doses, the heart ceases beating in systole, others in diastole; some say that arterial pressure is increased, others that it is diminished. Most authorities agree, however, that it slows the pulse, and increases the diastole of the heart. Dr. Tibbits adduces a number of reasons for his views, and remarks that he "should just as soon think of administering opium to arouse a patient out of uræmic coma, as digitalis with the idea of increasing the power of the heart's action in syncope."

A REMARKABLE case of recto-vesical fistula and fecal calculus in the male is reported by Mr. W. Roger Williams, F.R.C.S. It appears that the patient complained of frequent and painful micturition, and that the urine came away in dribbles. The prostate was enlarged, but not unduly hard, and a full-sized catheter could be easily introduced into the bladder. The bowels were loose, with a urinous odour, and tenesmus accompanied each act of micturition. The man was greatly emaciated and anæmic, but gave no history of cancer, stone, or syphilis. At the autopsy *inter alia* the bladder was found full of a brownish-black, partly-doughy, partly coriaceous material, not unlike "mincemeat," with a urino fecal odour. It weighed one ounce and a quarter. An inch and a half above the orifice of the left ureter, on the left side of the bladder, there was an adhesion between this viscus and the middle portion of the rectum. Here a small opening, admitting a crowquill, led directly into the rectum.

DR. PROTHEROE SMITH gives an interesting case of belladonna poisoning. The patient (a female) swallowed nearly an ounce of belladonna liniment, equivalent to about half an ounce of the root. She was insensible; pinched features; anæmic; lips pale blue; pupils fully dilated and insensible to light; tongue rough and dry; pulse 130 and intermittent; respiration 30 per minute; temperature normal. When roused she was incoherent, and was sensitive to pressure over the stomach, frequently retching, and passed unconsciously large quantities of light-coloured urine. The treatment consisted in the administration of an emetic, afterwards a drachm of spt. Am. Arom., with four minims of Liq. opii Sed., and brandy, arrowroot, or beef tea every ten or fifteen minutes. Subsequently half-drachm doses of chloral hydrate were given, with twenty minims of spt. Am. Arom. every four hours, with the best possible results, and the patient recovered.

NOTICES TO CORRESPONDENTS.

Articles, Letters, and all communications intended for publication, also Books for Review, to be addressed to "The Editor of The Australasian Medical Gazette, 35, Castlereagh-street, Sydney."

The Name and Address of the sender must accompany every communication, not necessarily for publication. Anonymous letters will not be noticed.

Contributors can have their Papers reprinted and published in Pamphlet form on very reasonable terms, if the necessary instructions are given at the same time the contributions are sent in. Full particulars will be forwarded on application to the Publisher of the "Australasian Medical Gazette," 35, Castlereagh-street, Sydney.

The Australasian Medical Gazette.

THURSDAY, DECEMBER 1, 1881.

THE NECESSITY FOR A MEDICAL SCHOOL IN SYDNEY.

SYDNEY, the capital city of the eldest of the group of the Australian colonies, we regret to say, does not rival her great southern sister in the means she possesses for the diffusion of the knowledge of the arts and sciences. In no respect is this more conspicuous than in the entire absence of a medical school in New South Wales. She possesses the various institutions requisite to form the basis of a medical school. She has excellent hospitals, where clinical medicine, surgery, and midwifery may be taught, and classes of practical chemistry. Lectures are at present being delivered on zoology and botany, and lecturers capable in every respect would be forthcoming to give instruction in the various branches necessary to complete the education of a physician or surgeon were they called for. The Sydney University, although it has been in existence for a longer period than that of Melbourne, is singularly backward in instructing the youth of the colony in the knowledge required for the medical profession. The latter institution has a body of 160 medical students attached to it, and Sydney none.

The press of New South Wales has often pointed out how requisite it is that her youth should be instructed there in the branches of knowledge required by the medical practitioner, and while other professions, such as theology, law, architecture, and surveying may be arrived at in New South Wales, that the acquisition of a medical degree or diploma was far more difficult, necessitating an absence from home of at least a period of more than three years, and entailing a great expense on the student who undertakes the voyage and subsequently passes through the requisite curriculum. Nor is this all, for some young men thus sent away, freed from family ties and the paternal surveillance, necessarily with command of a considerable sum of money, may yield to the temptations so constantly present in large cities, and fail to fulfil the anticipations with which they leave; whereas, had they been at home, with the moral ties of the society in which they had been born and bred, gently leading them along the upward path to advancement, they would not have fallen and followed the "*facilis descensus Avernii*," which has been, in several cases, the result.

The medical education of our youth not having been grappled with in New South Wales depends to a great extent on the difficulty of overcoming the "*vis inertie*" which every very wealthy community is afflicted with. From causes which are not clearly stated to the public no medical school in connection with the University has as yet been brought into existence by the Senate of that body. We imagine, however, that it is not absolutely necessary that such an institution should be in the halls of the Sydney University or its colleges. A good medical school might very well be started in Sydney, and an examining body, obtained from the ranks of the profession, having its charter from England, on the basis of the College of Physicians of London or the College of Surgeons of England, which would meet the requirements of the population and our youths of the middle class, at least for some years. A great boon would thus be vouchsafed to the community, and one that is much required. New South Wales possesses a large amount of

territory, sparsely inhabited, and we believe a great number of the persons who are looked to for the supply of medical aid in many of the towns and villages in the interior are thoroughly uneducated and unfit to impart it. Were the means of acquiring the knowledge of the profession more easily obtained, we would soon hear of the adventurers from other lands, who form a large portion of the present practitioners, being superseded, and the sons of the soil take the places which they are entitled to as their birthright.

HISTORY OF THE FORMATION OF
THE SOUTH AUSTRALIAN BRANCH OF THE BRITISH
MEDICAL ASSOCIATION.

On the 30th May, 1879, ten medical practitioners of Adelaide met together to consider the desirability of starting a Medical Association, to be devoted chiefly to the discussion of original papers, exhibition of pathological specimens and cases, and the advancement of medical and surgical science generally. At the suggestion of Dr. Cawley, who was present, the idea was formed of starting a branch of the British Medical Association, and met with general approval. Dr. Cawley said that he had already written to the General Secretary of the Association in London, asking for information with respect to the necessary steps to be taken in starting a branch, but he had not yet received a reply. At a subsequent period an answer was received from the General Secretary (Francis Fowke, Esq.), dated May 20th, 1879, acknowledging the receipt of a letter from Dr. Cawley, and giving the requisite information. To test the wishes of the members of the medical profession in the province a Provisional Committee of five was appointed to issue circulars and convene a meeting of the whole Profession.

A meeting thus convened was subsequently held on June 19th, 1879, at which a resolution was passed to the effect,—"That a Society be formed, to be called the 'South Australian Branch of the British Medical Association.'" W. Gosse, Esq., M.D., was elected the first President. The other officers were also elected, and a number of by-laws made. As it was found that there were only six members of the British Medical Association in the colony, forms of application had to be sent to intending members, which, after being duly filled up, were forwarded to the General Secretary in London for election by the Committee of Councils.

The following is the correspondence between the General Secretary (Francis Fowke, Esq.), and the Hon. Secretary (W. L. Cleland, M.B.) of the Branch, relative to its formation:—

"Adelaide, South Australia,

"August 13th, 1879.

"DEAR SIR,—You will already have heard from Dr. Cawley of the wish of some of the most influential medical practitioners here to start a branch of the British Medical Association. As Hon. Secretary of the proposed Branch, the duty has fallen upon me of communicating with you on the subject.

"In the first place it was found that amongst the medical practitioners here not more than six members of the Association could be discovered. To create the necessary material, the applications of thirty medical practitioners for membership are herewith forwarded to you. Seeing how few members of the Association we have here, and how scattered the Profession naturally is in a newly settled country, I hope that a little latitude will be allowed us as regards the fact that all the applications are not certified from the personal knowledge of at least two of the certifying members.

"A preliminary meeting of medical practitioners favourable to the formation of a Medical Society was held May 30th, 1879, at which it was proposed that the Society should be called the 'South Australian Branch of the British Medical Association.' In accordance with this proposition, a circular was forwarded to every legally qualified medical practitioner who was considered to come within the qualifications of the British Medical Association. A Preliminary Committee was also appointed, who subsequently drew up a number of by-laws, nominated the requisite officers, and arranged for a public meeting of the Profession.

"A general meeting was held June 19th, 1879, at which thirty medical practitioners were present. The by-laws which I forward to you were passed at this meeting. A President, Vice-President, Hon. Treasurer and Hon. Secretary were also elected, who with three other proposed members should constitute the Council.

"To complete the thing we now only await the election of the applicants for membership, and the recognition of the Branch by the

Parent Association. So soon as news of this reaches us the subscriptions for 1880 will be forwarded. Will you kindly do your best to smooth the way and set us afloat, and in doing so you will have the satisfaction of knowing that thus you will have helped to form another bond of union between the medical profession at home and in this province.

"Yours truly,

"W. L. CLELAND, Hon. Sec.

"FRANCIS FOWKE, Esq.,

"Gen. Sec. Brit. Med. Assoc."

161A Strand, London,

October 25th, 1879.

"DEAR SIR,—I have received your letter of August 13th, with enclosures, viz.:—Copies of the resolutions of a meeting of medical practitioners held June 19th, 1879, and circular signed by Dr. Corbin. For these I thank you. I now forward to you herewith copy of resolutions passed at a meeting of the Committee of Council held on Wednesday, the 15th day of October, at the offices of the Association, London, and before whom your letter and communication were placed. The formal recognition of the Branch will be made by the Committee of Council upon receiving from you the expressed desire of the now elected members of the Association of South Australia. This will not prevent you from carrying out the work of the Branch. At the same time that the Branch is formally recognised by the Committee of Council the proposed by-laws of the Branch will be considered.

"I am, yours faithfully,

"FRANCIS FOWKE.

"DR. CLELAND,

"Adelaide, South Australia."

"Resolved,—That the standing orders of the Committee of Council be suspended, and that the thirty gentlemen whose names have been signed for by three members of the Association in New South Wales be, and they are hereby elected members of the Association."

"Resolved,—That in recognising the intimation of the intention of members of New South Wales to form a second Colonial Branch at Sydney, the Committee of Council express their fullest satisfaction at such intention, and will gladly recognise such Branch when formed according to the laws of the Association."

"Adelaide, South Australia, March 6th, 1880.

"DEAR SIR,—I have to acknowledge the receipt of your favour of October 25th, 1879, notifying that the medical practitioners whose applications for membership had been forwarded to you had been duly elected members of the British Medical Association. According to your instructions I now forward you a petition, which has been signed by over twenty members of the Association, praying for the formation of a Branch, to be called the 'South Australian Branch of the British Medical Association.' More signatures would have been attached but for the difficulty of obtaining them in such a thinly populated country, which necessitates the members being much scattered.

"Enclosed is a bill of exchange for £38 15s. 6d. on the Bank of Australasia, payable to your order sixty days after sight, and also a P. O. O. for £1 3s. 6d., making a total of £39 19s., being the subscriptions for the year ending 31st December, 1880, of thirty-four members. The names and addresses of these members I forward to you. I suppose upon the receipt of this a copy of the by-laws of the Association will be forwarded to each member.

"Enclosed are the applications of three other medical practitioners for the membership, whose subscriptions are included in the £39 19s. above-mentioned. I suppose after this we shall, as a Branch, be able to elect or reject candidates for membership.

"Yours truly,

"W. L. CLELAND, Hon. Sec.

"FRANCIS FOWKE, Esq.,

"Gen. Sec., London."

"161A Strand, London, May 7th, 1880.

"DEAR SIR,—I have received your letters of the 6th and 21st March last, the former with bill of exchange at 60 days for £38 15s. 6d., and P. O. O. for £1 3s. 6d., and the latter enclosing P. O. O. for £1 3s. 6d., for all of which I thank you and forward receipts herewith.

"I have also received the request of your members, asking for the recognition of the South Australian Branch of the British Medical

Association. Unfortunately your letter arrived the day after the meeting of the Committee of Council, or it would have saved three months' delay in the recognition of the Branch. The signatures and the request to be recognised as a Branch are all quite in order, and I will place your letter before the next meeting of the Committee of Council in July next, and forward you the resolution formally recognising your Branch at once. When your Branch becomes recognised you will be able to elect and reject candidates, and pass resolutions in the name of a Branch of the Association.

"I am, yours faithfully,

"FRANCIS FOWKE.

"Dr. W. L. CLELAND,

"Adelaide, South Australia."

"161A Strand, London,

"September 14th, 1880.

"DEAR SIR,—I now have the pleasure to forward to you herewith an abstract of the minutes passed at a meeting of the Committee of Council of the British Medical Association, held on 7th July last. I regret that, in consequence of the pressure of work at the Annual Meeting of the Association at Cambridge, I have been unable to forward you this communication before.

"I am, yours faithfully,

"FRANCIS FOWKE,

"GENERAL SECRETARY.

"DR. W. CLELAND,

"Adelaide, South Australia."

"Read.—Communication from Dr. Cleland of Adelaide, of March 6th, 1880, whereupon it was resolved—'That the Branch for Adelaide and South Australia be, and it is hereby recognised as a Branch of the British Medical Association, and that the proposed by-laws be approved.' Resolved also—'That the Committee of Council desire to offer their warm welcome to the Australian Branches formed at Adelaide and Sydney, now formally recognised, and trust that the new Branches may not only be the means of cementing the good feeling which already exists between the members of the medical profession in England and her Colonies, but may also facilitate the interchange of ideas, and so prove of value in the advancement of medical science, and the interests of the medical profession.'"

THE MONTH.

NEW SOUTH WALES.

THE Bazaar in aid of St. Vincent's Hospital, Sydney, was a pecuniary success. The institution benefitted to the extent of about £400 (four hundred pounds).

MR. WATSON, the Treasurer of New South Wales, promised, in his place in the Legislative Assembly, on Monday evening, December 5th, to introduce into Parliament a measure to compel the notification of cases of small-pox.

THE newly established Board of Health of New South Wales is composed of the Mayor of Sydney (Mr. John Harris), chairman; Drs. C. K. Mackellar, A. Roberts, and A. A. West; Mr. J. Barnett, Colonial Architect; Mr. E. Fosbery, Inspector-General of Police; the Hon. G. Eager, Under Secretary for Finance and Trade; and Mr. R. M. Ross, Secretary to the Board.

FIVE AND TWENTY practitioners residing near the tramway line in Liverpool and Oxford Streets, Sydney, have forwarded to Dr. Dansey, the City Health Officer, the following complaint, which will speak for itself:—"We beg to call your special attention, in your official capacity as special health officer, to the injurious effect of the black dust of Oxford and Liverpool Streets. We feel certain you will agree with us that as this dust is composed of fine metal, horsedung, and tar, it is far more injurious than ordinary dust, and has a peculiarly irritating effect on the eyes, throat, and lungs. As members of the profession we request you to give this matter your immediate attention, and not only bring it before the Council and embody it in your report, but also bring it under the notice of Dr. Alleyne, the medical adviser to the Government."

AT an inquest recently held at Narrandera on the body of a female, before the district coroner and twelve jurymen, the following rider was attached to their verdict—"That the attention of the Government be called to the fact that a Mr. Flatau is acting in the capacity of a medical man upon works where there are 1000 men employed, he not being a legally-qualified medical practitioner, and that the railway men are compelled to pay 6d. per week, willingly or unwillingly."

DR. A. ANDREWS, of Albury, has again represented to the Sydney authorities the necessity of establishing a Contagious Diseases Hospital, the site for which has been settled, and estimates for a suitable building furnished. In reply Dr. Andrews received a communication from the Colonial Secretary's office, informing him that a marquee and three tents have been forwarded for the use of any possible small-pox patients who may be discovered among the over-land passengers.

AN Act to incorporate the Sydney Infirmary and Dispensary has been passed by the Parliament of New South Wales, and assented to by His Excellency the Governor on November 15th, 1881.

DR. RUTHERFORD RYLEY, late of Temora, has commenced practice at Tenterfield, in New England.

DR. WILLIAM JOHN JACKSON, of Camden, has been appointed Coroner for the colony of New South Wales.

DR. JOHN T. BURGON, of Vegetable Creek, has been appointed Coroner for the territory.

NEW ZEALAND.

DR. BORROWS, of Dunedin, sustained severe injuries on November 14th, through his horse bolting down a rather steep street, and finally running into a butcher's cart. The doctor was vehemently thrown on the pavement, and was unconscious for some time. He lingered for a short time, but, peritonitis setting in, he eventually died on November 22.

A Co-operative Dispensary is to be established at Christchurch. The intention is that the establishment shall be the joint property of the leading Friendly Societies.

DR. H. W. CAMPBELL, late of Guy's Hospital, London, has commenced practice at Temuka, Prov. Canterbury, in conjunction with Dr. S. McD. Cumming.

DR. EDWARD ELLIS, of Armagh-street, Christchurch, has admitted Dr. Francis McBean Stewart, late of Ashburton, into partnership.

DR. PETER MCINTYRE, of Timaru, who accompanies the South Canterbury contingent to the Front, has left for the West Coast of the North Island.

DR. A. F. J. MICKLE, house surgeon to the Christchurch Hospital, has resigned this appointment.

DR. FLOYD COLLINS, of Nelson, has ceased to be honorary surgeon to the Nelson Naval Volunteers, owing to the disbanding of the said corps.

DR. S. HODGKINSON, of Invercargill, is a candidate for the Wallace electoral district at the ensuing general election.

J. T. THOMSON, Esq., C.E., has forwarded a donation of £1300 to the funds of the hospital at Invercargill.

QUEENSLAND.

DR. BANCROFT, of Brisbane, reported to the local Board of Health, that he "sees many children brought to death's door from their parents dosing them with a powerful powder of mercury and opium, called 'Steadman's,' and recommends an analysis of the said powder to be made, and the public advised of its composition. If parents could be persuaded to avoid giving strong drugs to their children, when they suffer from the heat of the weather, many lives would be saved that under the present system are lost."

THE Brisbane Local Board of Health has received a communication from the Central Board of Health stating that instructions had been given by advertisement requesting every medical practitioner to supply a certificate showing the cause of death, immediately on the demise of any patient, and also furnish a return of deaths registered, and causes of death, &c., for the first six months of the present year. On this subject, Dr. Bancroft said he did not think there was any place in the British dominions where there was greater laxity in the registration of deaths than in Brisbane, and suggested that a coroner should be appointed to institute inquiries into the cause of all deaths that were not properly certified to by a medical practitioner.

DR. E. R. WEBB, of Ipswich, had a narrow escape on Tuesday, October 11. He was driving along Brisbane-street, when his horse shied at the noise made by the corporation waterman, who was just proceeding to lay the dust. The animal swerved to one side, and before the doctor could pull him up, the off hind wheel of the buggy struck the kerbing. Dr. Webb and his groom fortunately escaped without personal injury.

THE Queensland Central Board of Health notifies that it is provided with calf lymph, with which it is prepared to supply medical practitioners upon application.

SOUTH AUSTRALIA.

AGITATION FOR A NEW MEDICAL PRACTITIONERS ACT FOR SOUTH AUSTRALIA.—A deputation of medical practitioners, consisting of Drs. W. and C. Gosse, Way, Gardner, and Cleland, waited on the

Chief Secretary on November 14th, to lay before him certain propositions agreed to at a meeting of the profession recently held at Adelaide. The propositions make the definition of a legally qualified medical practitioner very strict, and contain provisions preventing unqualified persons from practising under the pretence of being legally qualified, which are very stringent, so much so as to render it almost impossible for an unqualified man to practice successfully. Mr. Bray, the Chief Secretary, promised to consider the measure, with a view to introducing it next session.

DR. WILLIAM GOSSE, the Government Vaccinator for South Australia, has forwarded to the Government the following return of the successful cases of vaccination performed and paid for during the quarters mentioned below:—

Quarter ending March 31, 1881	...	...	335
" " June 30 "	...	...	1,431
" " Sept. 30 "	...	...	13,722
Total	...	...	15,488

The ages of those vaccinated in the last quarter are given, and comprise—six months and under, 2,988; over six months and under 5 years, 7,845; between 5 and 14 years, 1,313; 14 years upwards, 1,576; total as above, 13,722.

THREE hundred and seventy tubes of cow lymph have been issued to public vaccinators in South Australia by the Government Vaccinator during the quarter ending 30th September, 1881.

The list of public vaccinators in South Australia comprises 118 names.

THE partnership hitherto existing between Drs. H. Ferguson and T. E. F. Seabrook, of Glenelg, has been dissolved.

DR. E. C. STIRLING has been appointed Lecturer on Human Physiology at the Adelaide University for a period of two years from the 1st January next, at a salary of £200 per annum.

AT the last annual meeting of the S. A. Sunday School Union, the Hon. Dr. A. Campbell, of Adelaide, was appointed President for the ensuing year.

DR. THOS. CAWLEY and Dr. Dunlop, of Brougham Place and North Terrace, North Adelaide, have entered into partnership.

DR. THOMAS, of Adelaide, has forwarded 35 volumes of medical books for presentation to the Medical Library of the Adelaide Hospital.

TASMANIA.

ON October 16th and 17th the flags at the mines and stores at Beaconsfield were displayed half-mast high, as a mark of respect for the late Dr. W. G. L. Law, and also as a mark of sympathy with the bereaved parents. One flag upon the township excited considerable comment—"a skull and cross bones,"—white on a black ground, with magenta border. This was flung out to the breeze from the residence of a Mr. Bomford, a gentleman who practices medicine, but who is not on the roll of legally qualified medical practitioners.

VICTORIA.

ON account of the unsatisfactory state in the management of the Sunbury Lunatic Asylum, the Government have directed Dr. W. L. Watkins, Medical Superintendent of the Beechworth Asylum, to take charge of the former. The contract entered into with Dr. A. J. Leggett, under which that gentleman has attended to the medical wants of the patients, has consequently been cancelled.

MR. Bent has issued a memorandum to the *employees* in the Railway Department drawing attention to the necessity for the vaccination of those who have not been vaccinated within the last seven years.

DR. BARKER and Messrs. Mitchell and Kendall, veterinary surgeons, of Melbourne, visited the Royal Park Farm on November 23rd, and inspected the heifers that are being experimented upon. They found that a heifer vaccinated with tube lymph obtained by Dr. Barker from New Zealand; and supplied through Mr. L. L. Smith, had taken better than any animal previously operated upon, and had yielded a fair supply of tube and scab lymph.

A HOSPITAL has been established at Colac.

THE annual Hospital *fete* at Dunolly was held on Wednesday, November 9th, and proved very successful, the total proceeds being over £400.

PROFESSOR HALFORD, Dean of the faculty of medicine in the Melbourne University, has consented to become a candidate for the vacant seat in the Council of the University.

DR. J. A. C. WELCHMAN having resigned his position as Resident Assistant Surgeon to the Bendigo District Hospital, Sandhurst, has left for Glenelg, S.A., where he has commenced practice in conjunction with Dr. H. Ferguson.

ASSOCIATION INTELLIGENCE.

NEW SOUTH WALES BRANCH: MONTHLY MEETING.

The twentieth meeting of the above took place at the Boardroom of the Medical Board, on Friday, 4th November, at 8.30 p.m. Dr. Fortescue, Vice-President, in the chair. There was a fair attendance.

The Vice-President, in commencing the business of the evening, made the following remarks:—

GENTLEMEN,—Before beginning the regular business of this evening, it is my duty, as chairman, to make some reference to the event which has deprived us of our President,—the death of our esteemed friend, Dr. Moffitt. It is not my intention to enter upon the superfluous—the very superfluous task of a panegyric of him. This has already been pronounced by the common consent of his friends, by the universal regard and respect of the profession and the public. Nor do I, now that “the long sickness of living” is over wish to say that there is anything peculiarly regrettable in the time or manner of his departure. His was a long, honoured and useful life; he died, as most of us no doubt desire to die, in harness; his death was at the last sudden and without pain, and he was spared the long drawn-out misery of a bed of sickness. It is enough for me to point out the extent of his services to this our young branch of the British Medical Association, and how unselfishly he performed his part in forwarding its interests. His physical infirmity was great, and exertion must have been for some time attended for him with more or less suffering. He was stricken with death, and he knew it well, yet night after night saw him at our council or general meetings, doing his best for their success; courteous always and urbane, taking a lively interest in the progress of our art, and especially animated always by a sincere desire for the promotion of harmony and goodwill among the members of our profession. Gentlemen, had he lived he would have had, and deserved to, have had, our best thanks and our warmest acknowledgments; not the less, now that he has gone, should we give them and communicate them, by an unanimous vote, to those to whom his memory is dear, and to whom our added expressions of sympathy and regret will be welcome.

Dr. Milford then stated that the late President had been one of his oldest friends in the profession, with whom he had been associated for a period of twenty years. He was with him a member of the Australian Medical Association, also one of the original members of the Medical Section of the Royal Society, and one of the earliest promoters of this Branch. He had also contributed in a clear, concise painstaking way, to the medical literature of New South Wales. He spared no pains to advance the status of the profession, and to benefit the public by making known those views which he firmly believed were beneficial to suffering humanity. He felt the loss of the President of the Branch much, but that of his old friend more, and he hoped that in filling up his vacant chair they would be able to find a gentleman who would so zealously perform his duties. He proposed that the Secretary be instructed to write a letter of condolence and sympathy to Mrs. Moffitt. This was carried unanimously.

The Secretary then read the minutes of the previous meeting.

The Vice-President then intimated that, according to Rule 15 of the by-laws, it was necessary that a member of Council should be elected to fill the vacancy caused by the death of the late President.

Each member having selected his candidate, a ballot took place, and the choice was found to have fallen on Dr. Quaife.

The Secretary then said he thought that it was advisable to introduce a short Bill into Parliament for increasing the remuneration of medical witnesses at Coroners' inquests and inquiries held by Justices of the Peace.

The Chairman explained the present state of the law, that a journey of eighty miles entitled a medical witness to the sum of 30s. (thirty shillings) for travelling expenses.

Dr. Jockel explained that should a medical witness disobey the order of a Coroner or a Justice of the Peace, he was liable to a fine of from £3 to £20.

Dr. Browne said that on one occasion, when practising in Bourke, under the order of a Coroner he was obliged to proceed to Dubbo—a distance of 300 miles—to give evidence in a drunken row. The whole of Bourke was left for the time without a practitioner. He was away a week, and received for his trouble 3s. less than he had paid for his coach fare. He lost his practice at Bourke in consequence of his absence. His successor paid £80 for refusing to leave Bourke under the same circumstances.

Dr. Milford then proposed—“That as Dr. Tarrant had offered to take the matter up in Parliament, that a committee should be appointed to draw up a short bill for Dr. Tarrant to introduce in his place in Parliament, and proposed that the following gentlemen should form the committee:—Drs. Warren, Quaife, Mackellar, Fortescue, Tarrant and the mover.”

Dr. Thomas Dixon pointed out the hardship of compelling a delicate medical man to undertake a long journey.

Dr. Quaife said that had he a serious case at the time he would not leave his patient, but rather undergo the fine.

Dr. Belgrave seconded Dr. Milford's proposition.

Drs. Brady and Mackellar adverted to the danger of making *post mortem* examinations and attending midwifery at the same time. Discretion should be left in some person's hands to press or remit attendance at inquests and performing *post mortems*.

Dr. Milford's proposition was then carried unanimously.

Dr. Mackellar then read his case of “Tricuspid Regurgitation,” as follows:—

“On the 4th September, 1880, I first saw A. F., a man aged 46 years, of particularly robust build, who stated that he had always enjoyed perfect health until the previous month, when he had “suffered from an attack of inflammation of the lungs.” His aspect was livid, the veins of the neck markedly pulsating and filling from below, the area of the heart very much increased, and its sounds dull and muffled, but without bruit. Both lungs were somewhat dull on percussion in their posterior aspect, and pervaded in that locality by moist crepitant rales; the legs were œdematous, and a small quantity of ascitic fluid was present in the abdomen. Dyspnoea was very great, and cough troublesome; the urine was free from albumen. The case was clearly one of tricuspid regurgitation. A mixture containing iron and digitalis was administered, and from time to time a variety of other drugs, without in any way relieving the patient's sufferings, and in the month of October, the ascites having considerably increased, it was found necessary to puncture the abdomen with Southey's drainage trocar, which acted admirably, about ten quarts of fluid being evacuated. This process was repeated from time to time for several months, always giving temporary relief. But in December the abdomen had again become much distended, and the œdema had extended upwards as far as the lower part of the abdominal wall. Acting on the advice of Dr. P. S. Jones, who was in consultation with me upon the case, I administered 4th grain doses of elaterium once or twice a day at intervals of two or three days, and had the satisfaction to see the œdema as well as the ascites totally disappear, whilst the general condition of the patient became very much better. The dyspnoea was relieved, and he was able to go up and down stairs without much difficulty, while he could walk a mile distance with perfect ease; although, of course, there was no change in the physical signs immediately attributable to the cardiac lesion. During February and March I saw very little of my patient, who had now began to think himself well; but early in April the whole train of symptoms returned, and the elaterium now failing to exert any marked influence on the ascites, caused such depression that it was judged necessary to discontinue it. Puncture was again resorted to, and repeated with good effect several times during the next three months; but on its being performed on the 29th August, no fluid escaped, which circumstance was thought to be due to the trocar having failed to reach the peritoneal cavity, because of the now greatly thickened and œdematous condition of the abdominal wall, and on the following day, Dr. P. S. Jones being again in consultation with me, a large trocar was twice introduced, but still without success. Further attempts in this direction were therefore discontinued, and the patient, who had during the last fortnight become very much more oppressed and cyanotic, died on the 2nd of September.

On September 3rd we made a *post mortem* examination, and the following facts were revealed:—The lungs were very much congested, as was also the liver, which exhibited the nutmeg variety of degeneration; the heart very much enlarged, and the cavities on the right side dilated, particularly the auricle, which was fully six times its natural size. The cavity of the much enlarged abdomen contained very little free fluid, but the omentum was enormously distended, by what seemed to be an infiltration of serum, and on suction quantities of this fluid oozed out. A fold of the small intestine was found to be adherent to the peritoneal lining of the abdominal wall, below the umbilicus and immediately over the site of the many punctures, the last two of which, made with the large trocar, were distinctly traceable through the intestine, but they had not caused any fresh peritonitis, nor had there been any escape of focal matter.

The particular interest of this case seems to me to centre in the fact of the frequent paracentesis having set up local peritonitis, and caused the intestine to become adherent to the abdominal wall; and clearly a lesson is thereby taught, that abdominal puncture is not to be lightly considered, however often it may have previously been successfully performed, for the circumstance that the intestine was bound down as described could not be ascertained by percussion, owing to the great thickening of the abdominal wall by the œdema.”

An interesting discussion on the case then resulted, in which Drs. Wright, Milford, Brady, Browne, and Thomas Dixon took part.

Dr. Mackellar having replied, some interesting pathological specimens were exhibited—in the absence of Dr. Schuette—by the Secretary. They consisted of the fracture of the neck of the femur (intercapsular), which had been joined by ligamentous union, and a case of ankylosis of knee-joint, which had been ankylosed from the time of the patient's arrival at six years old up to her 25th year. Labour then taking place she again strained the knee-joint, and set up inflammatory action. Sinuses, dead bone, and abscesses in the bone being present, it was found necessary to amputate. This operation was performed at St. Vincent's Hospital, and the patient was then progressing favourably.

The Secretary then stated that it had been thought desirable that

the Branch should keep itself *en rapport* with the Royal Commission appointed to consider the working of Friendly Societies. He explained that Dr. Belgrave was desirous of bringing forward this matter.

Dr. Belgrave proposed—"That a committee consisting of Drs. O'Reilly, Pickburn, T. Dixon, Brady, and the mover, be appointed to communicate with the Royal Commission on the subject. This was seconded by Dr. Mackellar and carried unanimously.

Dr. Belgrave next introduced the subject of the sale of fermented drinks, which he considered should be attended to by the Branch, as the sale of hop beer, zoedone and other fermented drinks might otherwise be prevented.

Dr. Quaife proposed—"That Dr. Belgrave might suggest his views to Dr. Tarrant on the matter, who might, perhaps, bring them before Parliament." This was seconded by Dr. T. Dixon and carried unanimously.

The discussion on Dr. Belgrave's paper on Hospital Management was deferred until next meeting of the Branch, on account of the lateness of the hour.

The meeting then separated.

SOUTH AUSTRALIAN BRANCH: ORDINARY MEETING.

Adelaide, Thursday, September 29th, 1881.

Dr. W. T. CLINDENING, President, in the chair.

The minutes of the meeting held August 25th, 1881, were taken as read, and confirmed.

A letter was read from Dr. Wigg, in which he withdrew his application for the membership of the British Medical Association.

Dr. Charles Gosse and Dr. Stirling having duly filled up an application for the membership of the British Medical Association, were unanimously elected members of the Association, and of its South Australian Branch.

Dr. Thomas drew the attention of the President to the fact that on the notice-paper convening that meeting the names of the proposed members had not been inserted. As in some cases it was of the utmost interest to members to know the names of applicants, he proposed that the Hon. Sec. be instructed to state the names on all future occasions. This being the unanimous opinion of all present, the President instructed the Hon. Sec. to that effect.

Mr. Nesbitt then read the text of the Report prepared by the Committee (Messrs. Baily and Nesbitt and Dr. Thomas).

REPORT ON VACCINATION.

The Committee appointed to enquire into and report upon vaccination beg to state that they have carefully investigated the subject in the light of the literature of the last twelve years.

They do not consider it necessary to enlarge upon the advantages of vaccination generally, such being accepted by the majority of enlightened persons throughout the world, but think it desirable to mention, in support of the necessity for a compulsory Act, that the mortality per million for eleven years prior to the passing of the compulsory clause was 442 per annum, and for the twenty-five succeeding years 220 per annum.

In reviewing the history of vaccination, it will be seen that the position of the colony is somewhat similar to that of England after the passing of the first Vaccination Act (1853). That Act directed vaccination of infants at an early age, under penalty, but provided no officer to enforce the provisions of the Act, nor any fund from which to pay expenses of prosecution, neither did it provide suitable machinery for registration. In 1861 an Act was passed empowering Boards of Guardians to appoint persons to prosecute, and to pay costs out of poor rates, and this Act was further amended in 1867, providing that the Boards aforesaid not only might, but must, see the law enforced; and in 1871 the present Act, making the appointment of officers general came into force.

As has been already stated, the effect of these Acts was to reduce the small-pox mortality by one-half. Since passing the Act of 1871, 95 per cent. of births are vaccinated, so that it might be assumed that at the present day an epidemic of small-pox in England would be attended by a much smaller mortality still. It is true that in 1871 there was a severe epidemic, and this fact is triumphantly introduced by Dr. Cameron, to prove that vaccination has degenerated, the figures being:—

Mortality in well-vaccinated persons (3 or more marks) per cent. who took small-pox	1856-51	1870-1879
	2'4	5'8

But it must be borne in mind that at that time there was a large influx of persons fresh from infected districts on the Continent. Vaccination is compulsory in India, and in most British colonies. In Victoria 90 per cent. are vaccinated.

The method in force in England (one very similar to which obtains in Victoria) is for the Registrar to mark off in a special column, opposite the registration of birth, when each child is vaccinated. If not so marked off the officer hunts up the child's parents, the effect of this vigilance being that only 5 per cent remain unaccounted for, and this includes those which die unvaccinated, and those which are certified as temporarily unfit for the operation.

In considering the relative merits of animal *versus* human lymph, your Committee have found the evidence so conflicting that they are bound to confess that the question of lymph degeneration, removed from the ground of personal conviction, and judged only by balanced evidence, can at present receive no decisive answer. Cameron, Blanc, Ballard, and others maintain that human lymph has deteriorated in its protective powers, and other well-known authorities bring equally good evidence that such is not the case.

Your Committee, however, is disposed to think that a more certain immunity may on the ground of common sense, be expected to be derived from a lymph which has not for generations been propagated on a soil to which it is not native.

It has to be borne in mind that a section of the community is strongly opposed to arm vaccination, on account of the risk of vaccino-syphilis, a risk which though small, is yet real, such cases having occurred, and that although syphilis may be conveyed in heifer vaccination by using a dirty lancet, for a number of children, yet as the heifer is itself incapable of receiving syphilis, such infection can only take place by the most gross carelessness. Against the argument that glanders, farcy, and charbon may pass from the animal to the patient, it appears that young animals are not liable to the two former diseases, and no case of charbon being conveyed has yet been recorded.

Human lymph is easily maintained, but in the event of a sudden epidemic the stock on hand would fall utterly. Calf lymph, on the other hand, is difficult to procure, partly because vaccinia is less common than in England, but chiefly because dairymen do not recognise the disease till the pustular stage is reached. The best time appears to be the fifth or sixth day, when the eruption appears as mere papules, which, however, contain an abundant supply of lymph deeply seated. The performance of heifer vaccination is also attended with far greater difficulties than surround the ordinary operation, although it is now simpler than when Dr. Warlomont said he could wish nothing better for his dearest enemy.

By attending to proper precautions, the lymph can be preserved in tubes, or better still, on points, and will keep for months, although it is attended with slightly less insertion success than human vaccination. The great point in favour of heifer vaccination is the rapidity with which an almost inexhaustible supply can be quickly obtained. One calf will furnish enough lymph to vaccinate 10, and each of these will suffice for five hundred children, so that in eleven or twelve days enough lymph may be obtained for five thousand individuals.

The very cause which necessitates the increased supply of lymph (a case of small-pox) would furnish material for inoculating calves, so that a case of disease would bring its remedy with it.

Your Committee would, therefore, recommend that the Government be urged to enforce compulsory vaccination, and for this purpose to appoint an officer, whose duty it shall be to look up unvaccinated children, and prosecute for non-compliance with the Act, and, further, to establish a central station at Government expense for the regular performance of animal vaccination, as an adjunct to, and not instead of human vaccination. Also that there is urgent necessity of persons of more mature years being vaccinated, many never having undergone the operation, and many more having only undergone it at a remote period, but your Committee are unable to see how this class of persons can, without hardship, be brought under the provisions of a compulsory Act. Compulsory vaccination might reasonably be carried out in the case of all prisoners admitted to the gaols and labour prisons of the colony, and an order in Council to that effect should be made. Vaccination might also be made *sine qua non* for employment in Government service.

The Government should, however, encourage as far as possible resort to this safeguard, and for this purpose should circulate more freely statistics showing the advantages of vaccination, and should provide a more ready method of obtaining vaccination, especially for persons residing in remote districts. The present scale of fees to medical men is so low, and the clerical work entailed by the necessary returns is so onerous, that few members of the profession care to undertake vaccination to a greater extent than their private practices necessitate. They would therefore suggest the desirability of (1) increasing the fee to 3s. 6d.; (2) ascertaining what medical men in centres of population are prepared to devote a certain time daily or weekly to the object; (3) publishing in the daily press a list of such gentlemen, with the places and hours of performance; (4) paying additional sums to medical men to visit places in their comparative neighbourhood; (5) engaging if necessary a travelling vaccinator to periodically visit outlying districts.

In the event of small-pox visiting this colony, a calamity which your Committee consider only too probable, we would urge the necessity for being fully prepared to receive it. The first point is to have ready at once a place for receiving patients, which, while it should be conveniently near the city, should be far enough away to prevent the spread of disease. In London small-pox appears to be always more rife in the neighbourhood of Fulham Small-pox Hospital, and we view with great apprehension the proposals to establish sheds in the grounds of the Adelaide Hospital, as a source of great danger to the inmates of that Institution, by reason not only of its proximity, but also by the passing to and fro of visitors and attendants.

The Quarantine Ground is equally objectionable, on account of the difficulty of access, and the risk to which the unfortunate sufferers are subjected during their removal.

We would suggest the immediate preparation of a small shed, which could easily and quickly be extended, on one of the Park Lands, and at a safe distance the provision of another shed for the reception of persons, the nature of whose malady is still *sub judice*. Profiting by the experience of Sydney, let us not immerse persons without small-pox in an atmosphere reeking with the poison. Let us not either reach that climax when a patient, by reason of vexatious burdens on medical men, shall be

unable to procure skilled attendance in sickness. We urge that special medical attendants be provided by Government to wait upon the small-pox patients, and believe that for their own interest, if not for any other, the ordinary practitioners will avoid spreading infection.

Dr. Thomas said that although he was one of the Committee to prepare the Report which had just been read, yet he must remark that all the credit of it was due to Mr. Nesbitt, who had almost entirely composed it, and in his opinion put the whole thing in a nutshell. He agreed almost entirely with all it contained. To bring the matter to a practical issue he would propose that the Committee with one or two other members should form a deputation to wait upon the Government and lay their views before them, for the purpose of causing some steps to be taken to put vaccination on a more effective footing. He thought, amongst other things, the Government should provide for the production and supply of animal lymph to all medical men who may require it. There was one point on which he was anxious to get an opinion, and that was respecting the reliability or preventive power of vaccination performed with lymph from the vesicles of a re-vaccinated person. If the vesicle is perfect, is the lymph necessarily good and efficacious? He remarked that he never took lymph from the vesicle of a re-vaccinated person, but he believed it was the custom of some practitioners to do this, and it was on this account that he was specially solicitous to know whether this form of vaccination was not offering a delusive sense of safety. The grounds on which he doubted its efficacy were taken from the analogy offered in the case of syphilis, where it is known that a second attack is a very modified affair compared with the first. So did not the vesicle of re-vaccination stand in the same relation to the vesicle of primary vaccination?

The President said that he had always made a point of taking lymph from the youngest child he could. It appeared that this was more to prevent any possible contaminations that might result from an impure condition of the adult than any disbelief or otherwise respecting the efficacy of the lymph.

Mr. Hamilton asked if any difference was observed as a rule in the form of the vesicles of re-vaccination. He did not believe it mattered whether the lymph was from a re-vaccinated person or not, and thought the chances of acquiring disease in that way chimerical. Personally he would have no objection to vaccinate himself with the vaccine lymph from the vesicle of any person, provided he did it himself. He agreed that if any of the blood corpuscles were allowed to be taken with the serum the chances of infection would be almost certain.

Mr. Nesbitt thought that it would be safe to take the lymph from a vesicle of an infected person, but he would avoid it in deference to popular opinion. He quite agreed with Dr. Thomas in his reasons for not using the lymph from the vesicle of a re-vaccinated person.

Dr. Gardner also quite concurred in the view taken by Dr. Thomas. Quite lately he had vaccinated a typically healthy Irish girl, and from the vesicles formed had vaccinated some fifty children. In all these cases there had been a very large amount of local inflammation. He had observed in re-vaccinated persons the vesicles came to maturity about the fifth day instead of the seventh or eighth, and that there was much greater constitutional disturbance. In reply to Mr. Bailey, who asked if the formation of a perfect vesicle was not a proof of successful vaccination, especially if attended with constitutional symptoms, Dr. Gardner stated that he knew a case of a man who had vaccinated himself successfully eleven times, and suffered each time much constitutional disturbance, with the formation of perfect vesicles, yet it could not be concluded that all these cases were real vaccinia.

Dr. Thomas thought the foveation of a vaccination scar a very important symptom of its being effectually done. He did not believe in the mere size of the scar. He had seen some scars that almost resembled those from burns.

Dr. Mackintosh said his experience quite agreed with the statement that there was more constitutional disturbance when using lymph from adults. During his medical practice he had vaccinated many thousands, and he remembered that he and his colleagues were in the habit of examining the pustules with a glass, to see if they possessed a depression in the centre, as this was always considered a sign of a successful vaccination. In answer to Dr. Thomas he said he selected children to procure lymph from, simply because they were young, and therefore less likely to produce constitutional disturbance in the persons vaccinated.

Mr. Hamilton asked if any reason could be given for the lymph from an adult causing more constitutional disturbance.

In reply to a question put by him, Dr. Gardner said the Irish girl in question had never been vaccinated before.

Mr. Hamilton, continuing, said that Tilbury Fox maintained that vaccinal syphilis never occurs where unadulterated lymph is used, and only where the lymph is impurified by admixture of actual syphilitic pus, or blood. Tanner also quoting Viennois, says that if the lymph from a vaccine vesicle alone be inoculated, the cow-pox alone will be introduced; but if in addition the blood of a person with constitutional syphilis be also inoculated, then syphilis may likewise be communicated.

Dr. Thomas said he dissented from the opinion that it was a question merely of age or of liability of the lymph-yielder to syphilis, &c., &c., but rather that a second attack of specific disease was much modified usually. All acute specific diseases show great variations at times, and in illustration he referred to some cases of diphtheria which had occurred in the country in the course of his practice, in which all the local manifestation that was apparent was a simple white patch strictly limited to the tonsil, and which was indistinguishable from an ordinary case of folliculitis. The subsequent paralytic symptoms, and its communication to other members of the family, unmistakeably betrayed its specific character. Why should not vaccinia be modified in the same way.

The Report was unanimously adopted, and as it was considered that the larger a deputation the more imposing it was, a proposition was carried to the effect that the Council be instructed to take such steps as they consider best to bring the suggestions contained in the Report under the consideration of the Government.

VICTORIAN BRANCH: MONTHLY MEETING.

Melbourne, Friday, November 11th, 1881.

J. E. NEILD, M.D., President, in the chair.

The above meeting was held at the Hall of the Royal Society. There were 15 members present.

The announcement was made of the election of two new members, namely, Dr. Colin Henderson, Ararat, and Dr. James Doyle, L.R.C.S.I., of Kyneton.

A letter of condolence to the family of the late Dr. Moffitt, President of the Sydney Branch, was ordered to be sent.

Dr. F. M. Harricks then read the following paper on "Discharge of Unruptured Hydatid Cyst per anum":—

"M. S., female, single, aged 22 years, came under my care on June 3rd, 1881. She is a native of St. Kilda, and had been living there till 1876, when the family removed to Southern Riverina. Had always suffered from constipation, and had been in the habit of taking purgative medicines. She first began to feel ill about Christmas, 1880, complaining of pains in right shoulder and back of neck, headache, nausea, and repeated attacks of constipation, with loss of appetite, purgatives giving only temporary relief. By the end of February, 1881, she had got much worse, frequently feeling sleepy and dizzy; took to bed altogether in March, and began to feel a lump in the right side; could not lie on either side and suffered much pain. Came to Melbourne for advice in the early part of May, 1881, and was finally seen by me a month later. Her condition then was weak, jaundiced, flabby, slightly hectic, and suffering a moderate amount of pain in the right hypochondrial region, which appeared slightly bulged, the percussion note of dulness being extended superiorly, inferiorly, and to the left side, considerably beyond the health limit. This dulness corresponded to the shape of the organ, and no globular enlargement was apparent. The gall bladder was slightly enlarged, and great tenderness present over the entire hepatic region. There were slight dyspnoea at intervals, sub-clavicular pain on right side, and shivering fits separated by irregular period. Temperature, 100; pulse, 80; tongue creamy with red tip and edges, and great anxiety of countenance; urine containing bile in large quantities; stools possessing the same element, but lumpy and of irregular consistence. Ordered saline aperients with quinine, combined with mercurial friction over hepatic region.

June 10th.—Now greatly relieved, the hyperæmic condition of liver having abated; got out of bed on June 13th. This improvement lasted till July 12th, when pain commenced in the epigastric region, the sub-clavicular pain shifting to the left side. A bulging was now observed opposite the transverse fissure, and fearful spasmodic pain set in. Linseed poultices sprinkled with laudanum were ordered, morphia and atropine being given subcutaneously; indeed, for the ensuing three weeks the patient was kept under the influence of these drugs, any omission of them bringing back her agony. It seemed now evident that some large body was passing through one of the ducts, probably a gall stone. Spongio piline wrung out of hot water and sprinkled with laudanum was subsequently applied, and warm water enemata thrown well up the gut. On 31st July,

instructions having been issued to watch the motions, a sac, containing a yellowish fluid, was passed "in globo" with "a rush." Unfortunately the attendant, while poking at it in the vessel with a rather sharp stick, ruptured it. It was slightly oval in shape, its greatest measurement being two inches. From this time the patient rapidly improved, and soon recovered from what, a week before, had been looked upon as, at all events, a very doubtful condition.

REMARKS.—This case was at first diagnosed as hyperæmia of liver, accompanied by an abscess or abscesses in the gland, which might or might not be suppurating hydatid cysts. The question of exploring, or tapping with trocar or aspirator, was under consideration, but no definite fluctuation or location of fluid being observable, it was (wisely in this case), left to nature. On the undue prominence in the cystic region being observed, and with the supervention of violent spasmodic pain, the probability of blocking of the duct by a stone, and its forcible passage, was rendered likely, the *dénouement* being reached, when, as stated above, the expulsion of an unruptured hydatid cyst cleared up all doubts. I think the passage of this body in a perfect state is remarkable, when we consider the pressure it must have undergone in transit. The intruder probably occupied the right branch of the hepatic duct at the bottom of the transverse fissure, where he had a comfortable resting place, and whence, from force of circumstances, and positioned as he was at an outlet, he was expelled "*a mensâ et thoro*."

Dr. Jamieson then read his case on "Hydatid Tumour of the Pelvis," as follows:—

"The case which I have to relate has several points of interest, diagnostic especially, the favourable results following treatment also enhancing the value of the history.

M. J., aged 31, single, was brought to me from the country at the recommendation of her medical attendant with the view of being subjected to an operation for the removal of a tumour in the abdomen. I had some acquaintance with the case previously, having seen her about six years ago. The history of the case shortly was, for at least thirteen years there had been a tumour in the left hypogastrium, which had continued to grow, but in an irregular way, periods of quiescence being followed by increase of size, associated sometimes with severe pain. I had seen her before, as already said, when suffering from one of these exacerbations, and found a tumour in the left side, taking its origin in the pelvis, and reaching well up to the umbilicus, being somewhat less than the size of the two fists. There was some peritonitis, which made a careful examination somewhat difficult, but my opinion was that the tumour was probably an ovarian cyst, bound down by adhesions. She came to me in June last, the symptoms having been very severe for a considerable time, the pain being almost constant, attacks of retention of urine having several times come on, and vomiting having become frequent. I found her very much exhausted, the pulse about 120, the tongue fiery red, and scarcely any kind of food retained. For some months she had menstruated very irregularly and scantily. I asked Mr. Fitzgerald to see the case with me, and the local conditions were found to be as follows:—The tumour filled the whole of the left side, crossing the middle line to a slight extent, and reaching to the umbilicus. It was evidently cystic, but so firmly bound down that it could not be displaced in any direction. There was not much tenderness on pressure. A vaginal examination showed the pelvic cavity completely filled with the tumour, which was thin-walled, and, from the sense of fluctuation, seemed to contain a thin fluid. The uterus was pushed upward and forward, and a sound introduced without very much difficulty, proved its cavity to be of the normal depth. The signs and history indicated the presence either of a cyst of the broad ligament, bound down and so prevented from rising out of the pelvis; or a hydatid cyst, the probability in favour of the latter. I tapped the tumour from the vagina with a fine trocar, drawing off nearly a pint of an almost colourless and transparent fluid, which microscopic examination proved to contain scolices, thus establishing the hydatid character of the growth. After the tapping the vomiting and other symptoms gradually subsided, though her recovery was retarded by an attack of diphtheritic sore throat. At the end of a month she was able to return home, having both improved in appearance and gained in weight. The only thing then complained of was some pain at the end of micturition, and then only the calls not being unusually frequent. This I ascribed to dragging on some adhesions between the bladder and some adjacent structure, and therefore expressed the hope that it would gradually disappear as the parts became mutually adjusted. An examination just before she left showed that the tumour had not again begun to fill, there being only a little increased resistance felt

on the left side of the roof of the vagina, and on deep pressure in the left iliac and hypogastric regions. Not long ago I learned that she was in better health than she had been for very many years.

A few general remarks on the subject of diagnosis may be permitted. The possibility of the tumour being a hydronephrosis may suggest itself, but the supposition was excluded by the distinct limitation of the tumour upwards, its origin in or about the pelvis being unmistakable. A new difficulty, in the differential diagnosis of pelvic cystic formations, has been created by the description in the "*Archiv. f. Gynækologie*," vol. xvii., page 444, of a case occurring under the care of Professor Spiegelberg, of Breslau, in which an immovable cystic tumour, filling the pelvis and projecting two fingers breadth above the umbilicus, was decided to be either ovarian or echinococcus. Tapping from the vagina gave egress to a clear fluid, which, on examination, was considered to be such as would come from a cyst of the broad ligament. The tumour filled again rapidly, and therefore was freely opened and a drainage tube introduced. Opisthotonos and other signs of spinal inflammation soon appeared and ended fatally, examination after death showing that the cyst had actually been a meningocele, the protrusion being through a congenital defect in the anterior surface of the sacrum near the middle. This case is unique, and the chances against such a condition being met with are so enormous, that it perhaps need scarcely be counted on. But it is a new illustration of the difficulty in obtaining absolute certainty in the diagnosis of cystic tumours of the abdominal and pelvic cavities.

As regards the treatment of the case, I need only say that no other than that adopted was properly admissible. Extirpation was impossible, tapping through the abdominal wall would not have been without serious risks, and the final test of success settled all doubts.

Dr. Cutts then read the following letter from Mr. Whitcombe, M.R.C.S., of Ballarat, relating to a case of hydatid:—

"Ballarat, 11th November, 1881.

DEAR CUTTS,—I regret that I have omitted for so long looking up the notes of the case of hydatid mentioned when last I wrote, and now I cannot find them; in fact, I miss several things which I thought all safe. I will just give you a brief sketch of the case from memory. During the early part of 1877 I was attending a woman about 28 years old previously healthy. She was greatly swollen, and had the appearance of being six months pregnant, but I learnt that the tumour commenced in the right side. It was excessively hard, so much so as to convey the impression that it was solid. (This I have noticed several times in hydatid tumour). I called in Dr. Hillas (I think) in consultation, and we agreed to explore. By-the-bye, uterus was in normal condition and position, and no tumour could be felt per vaginam or per rectum. I introduced fine trocar, and found that I had a hydatid to deal with, so emptied the sac, which contained rather over five pints. Nothing occurred for about ten days, when severe peritonitis set in, and for several days the patient's life was despaired of, but inflammation passed off, and in the course of time natural evacuations came away and the patient was apparently getting well, and in the course of a fortnight after inflammation had ceased she was able to walk about, and there was no appearance of the cyst refilling, when severe diarrhoea set in, and after some six or seven stools the cyst was passed, tolerably whole but discoloured. I have it now in spirit; the case interested me at the time, and I took pretty full notes, but do not remember more than I have stated. Should I be able to find my notes at a future time, I will write the case out more fully for the Society.

"I am, yours truly,

"W. H. WHITCOMBE."

In the discussion which followed Dr. McMillan spoke of the large general experience there was of the disease, and yet the particular cases related showed that we had not exhausted the subject. He remarked upon the great variety and situation of hydatid cysts, and the different character of the contents. He mentioned a case in which drops from a candle floating on water were supposed to be defæcated hydatid cysts. Some country practitioners had a much larger experience in hydatids than those living in towns, especially those in the lake country where dogs had ready access to the water which was drunk. He thought the country members might be able to contribute abundantly to the records of this subject. The drinking water of the country was full of low organisms, so that the wonder was that there were not more frequent instances of parasitic occupancy from this cause.

Mr. Gilbee said the subject of hydatids was now much better understood than formerly. Dr. Hudson, of Ballarat, was the first to bring it before the profession in Victoria. He (Mr. Gilbee) had

lately had a case in which the urticaria, resulting from the escape of the fluid into the peritoneum, was strongly marked. The discharge per anum of hydatids was probative of the nature of the case. He mentioned a case under the late Dr. Joseph Black, in which a bucketful of hydatids was taken from the abdomen by abdominal suction.

Dr. Hardy related a case in which the symptoms being somewhat obscure, it was found that a hydatid cyst of the liver had found its way into the duodenum. Afterwards the hydatids appeared in the lungs, and were discharged per os. There was concomitant paralysis of the extremities, which, however, ceased on discharge of the cyst.

Mr. E. L. Simmons, of Rosedale, Gipps Land, had seen a good deal of hydatids of the liver in Gipps Land, and had known much benefit to result from their discharge by means of the trocar. A notable case he had had was the vomiting up of hydatid cysts mixed with bile, indicating their passage from the liver through the duodenum into the stomach.

Dr. Cutts said, with reference to the use of the trocar, he was reminded of a case he had in the Melbourne Hospital in which he tapped for hydatids of the liver, and the flow of the liquid suddenly stopped. He pushed the trocar further in and found that blood and bile flowed, but yet no serious symptoms followed.

Dr. Harricks referred to the statement made at a meeting of the N. S. Wales Branch that the disease had been introduced there from Victoria.

Dr. Hardy had heard that the dilution with whisky killed the ova, and he would like to hear more of this.

Dr. Simmons knew that in the early days of the colony it was the rule to take much whisky. Then there were no hydatids, but there were many people who died of whisky; now they appeared to take less whisky, but there were more cases of hydatids.

Mr. Gillbee would like to know from Mr. Simmons if any internal treatment had proved of use in his practice in Gipps Land?

Mr. Simmons believed it was generally understood that medication was of no use. Paracentesis was always resorted to, and no ill effects followed. As a rule they all got well. He had known a good many misadventures in the use of the trocar, but no deaths in consequence.

The question of the inadequate remuneration of medical witnesses in police and other Government cases was brought up by Dr. Fyffe, of Fitzroy. In the course of the discussion which ensued, the grievance, categorically stated, took the following shape:—1. The police are in the habit of bringing persons to medical men for examination, and of refusing to pay for such services. 2. There is no regular system of payment of the fees for the examination of alleged lunatics. 3. Where medical men decline to certify to the insanity of an alleged lunatic the fee is always refused. 4. The fee of one guinea for lunacy certificates, considering the responsibility involved, is too small. 5. The fee of £1 per diem for attendance at the Supreme Court is too small, bearing in mind the almost invariable loss which results from such attendance. 6. The allowance of 1s. per mile for travelling expenses is ludicrously disproportionate to the actual cost incurred. In civil cases, even where adequate fees are set down by the solicitor, they are reduced by the taxing officer. It was resolved—"That the subject now under discussion be referred to the Council of the Victorian Branch Association, with a request that they bring up a report to the next monthly meeting, with a view to the matter being submitted to Government."

Dr. Cutts would remark incidentally that the fee for lunacy certificates was inadequate considering the risk. He referred to the case of *Smith v. Iffa*, showing how seriously compromised a medical man may be. The scale of fees of the Medical Society showed how good might come from combination in this way. And it was monstrous that fees should not be paid for finding people not insane. It was offering a premium for unprincipled conduct.

Mr. Gillbee.—No fee could properly remunerate a medical man for what he had to go through in Courts of law. No fee could properly compensate the profession. And yet we were obliged to go, and we should therefore move for better treatment. It was, however, our own fault. We held ourselves too cheap, and we might remedy the evil by proper combination. The club system showed at how cheap a rate we held our services. If we stood by each other like operative Government would have to give way. Referring to the scale of fees of the Medical Society, he could speak most highly of its value. We ought to combine like the lawyers. He thought the matter should be dealt with by the whole profession.

Dr. Henry proposed to refer the matter to the Council.—Carried.

The following interesting apparatuses were then exhibited to the meeting by Mr. T. R. Gunn, of the firm of Mayer, Meltzer & Co., surgical instrument makers, of Lonsdale-street east:—1. An

articulated skeleton in which the cartilages and ligaments are, preserved supple. By this process the true movements of the joints are shown. 2. Leiter's pliable Temperature Regulators, with which hot or cold applications can be used on any part of the body at a prescribed temperature for any length of time without variation. 3. Mayer's new Universal Truss. The pad and covering of this instrument is of "coraline," a pink variety of cellulite. It has a peculiar concave surface, which does not tend—as is the case with too many convex pads—to enlarge the ring, but rather to close it. 4. Demonstrating pelvis with mannikin for obstetric demonstrations.

OUR MELBOURNE LETTER.

MELBOURNE, NOV. 24TH.

The topic of pre-excellence during the month in medical circles has been the verdict against Mr. Iffa in the suit of *Smith versus Iffa*, in which the plaintiff claimed damages for having, through the certificate of the defendant, been confined in the Yarra Bend Lunatic Asylum, he being of sound mind. Upon the psycho-pathological aspect of this action I need not dilate, as I believe it will be dealt with in the leading columns of this present number, but it comes within the compass of my functions to speak of an alleged movement to collect a fund for the purpose of reimbursing Mr. Iffa in the money-loss to which he has been subjected. Two or three of his intimate friends tried to influence, severally, the Medical Society and the V. B. Medical Association, so as to get the leading members of these bodies to take the matter up; but there was no response to the appeal, for obvious reasons to those who know that, for many years, Mr. Iffa has held himself aloof from professional fellowship.

The conviction of a quack named Wall, at Sandhurst, of manslaughter, for having caused the death of a woman in the process of procuring abortion, has given only a qualified satisfaction, on account of the inadequate sentence he received, of only twelve months' imprisonment. Wall has been practising illegally for many years, in defiance of the Medical Act, and although he has been several times prosecuted, the magistrates have inflicted only nominal fines. It was hoped, therefore, that his cumulative transgressions would be borne in mind in apportioning him his punishment. The result, however, is only another proof of the prevailing sympathy there is for charlatans. Wall's case, therefore, has brought up again the question of an amended Medical Act, and now that we have a reasonable Government to deal with, it is contemplated once more to revive the endeavours made to have the Act amended.

And touching charlatans,—I observed in the last number of the *A. M. Gazette*, a paragraph relating to "Dr." Edward Myers, late medical officer to the Hospital at Cairns, Queensland. I do not know if there be two persons of that name, but if you will refer to the *Australian Medical Journal* for 1875, page 375, you will find some account of an Edward Myers, who, having by false representations to the Medical Board of this colony, got himself placed on the Register, was obliged precipitately to leave Victoria to avoid a criminal prosecution. The discovery that the diploma he presented was forged was made by Dr. Leslie de Vine, Consul for Peru, to whom I may refer you for further information on this subject. It may be that there are two Edward Myers, but if there are, the coincidence is at least curious.

There have occurred lately several changes in the medical department of the University. Dr. James Robertson, who has been the lecturer on medicine since the Medical School was founded, has resigned, and the appointment of his successor will engage the attention of the Council in a few days. I do not know whether there will be any candidates in opposition to Dr. Bird, but if there should be, they will be unwise persons; for Dr. Bird's was the one name in everybody's mouth the moment Dr. Robertson's resignation was announced. But Dr. Bird's appointment as lecturer on medicine will cause a vacancy in the chair of materia medica, which he has for some time filled, and for this place it is likely there will be several candidates, of which the most eligible is Dr. Maloney, both because he is the senior medical graduate of the University, he is an accomplished cultivator of medical science, he has a deserved literary reputation, and he is the best speaker I know in the profession.

The conference last Monday week between the Council of the University and the Faculty of medicine, relative to the establishment of a physiological laboratory, and the appointment of a new Professor of anatomy and pathology, came to nothing; but nobody expected it would come to anything, for the Council has never been sympathetically disposed towards the Medical School, although the medical students now represent more than half of all the students of the University. The subject of this addition, however, will not be

allowed to rest, for the wants of the school in respect of practical physiologic teaching are so confessed, that, in the face of the known progress of biological science on the other side of the world, it will be impossible for this school to maintain its reputation without further additions to its means of instruction in this direction. It is proposed to ask from the Government a grant of £9,000, to meet the cost of the necessary buildings and appliances required, and it is believed that the Premier would listen favourably to such an application. But as the Council is composed very largely of members of the legal profession, the interests of the law students, perhaps not unnaturally, appear to it as important as those of medicine, and the decision, therefore, is to consider the proposition of the Faculty of medicine in connection with those of the other departments of the University. It remains now to be seen whether the contemplated appointment of Dr. Allen as professor of anatomy and pathology will be made, or whether things will have to revert back to the old order, namely, Professor Halford as lecturer on anatomy, physiology and pathology, and Dr. Allen as demonstrator of anatomy.

The examinations at the University are just concluded, and speaking for the medical students, the impression is that they have never come out better in any previous year. They have shown a strong feeling of interest in their studies most encouraging. The fifth year students, especially, have distinguished themselves most satisfactorily. And they are not sorry they have got through their course, inasmuch as this is the last year in which the lecturers alone will be the examiners; for the resolution to appoint conjoint examining boards is by no means in favour with the students, for all that the alteration has been made professedly in the interests of the students. It is easy to say that it is a very simple matter to ask questions, but, practically, it is not easy, and the introduction of inexperienced persons to the work of propounding questions, and deciding upon the answers, is sure to create both misunderstanding and confusion. There is not always safety in a multitude of counsellors.

The programme of the last meeting of the Association included the consideration of the question of remuneration to medical witnesses, and we are glad the subject has occupied the attention also of the Sydney Branch. Speaking comprehensively, we are villainously used here, and we are determined to make an effort to have our grievances redressed. Successive Governments have reduced the scale of payments to the profession, until we are virtually obliged to work for the State for nothing, and get abused for it into the bargain. As Mr. Gillbee observed at the meeting, it is really our own fault, and until we are sufficiently united to pull together to insist upon our common rights, the State will continue to oppress us; for, although individually they may sympathise with us, corporately they cheat us.

The dinner of the Pharmaceutical Society, on the 16th, was admirable, regarded from a gastronomic point of view, more than commonly pleasant as a social meeting, and full of interest in respect of the practical conference it effected with the medical profession and the whole body of pharmaceutical chemists. There was an excellent feeling on the occasion, and the remarks made by Mr. Blackett relative to the obligation of chemists to confine themselves to their legitimate functions were in the best possible taste. Certainly no enactment ever placed upon the Statute-Book of this colony worked out better results than the Pharmacy Act, for it has not only raised the status of the pharmaceutical chemists, but it has more distinctly defined their position, and they are manifestly willing to acknowledge that definition.

For a wonder there just now is no hospital scandal, nor scare, nor quarrel. The Committee of the Melbourne Hospital have resolved upon recommending some rational alteration in the mode of filling up *ad interim* vacancies in the honorary staff, and that is substantially all. Two of the residents, having bettered themselves by accepting other appointments, are leaving, and, for the present, these items represent the sum of hospital news. In Collins-street—the medical quarter of Melbourne—two new mansions are going up, into one of which Dr. Balls-Headley is going to remove, and then the house built by Dr. Tracey, and successively occupied by three other gynaecologists will be vacant. There are rumours of its being about to pass into the tenancy of one of our most rising young practitioners, but of this nothing certain is known. As the house has a medico-historic interest, its future destination is looked to with a curious concern.

OUR NEXT NUMBER WILL CONTAIN:—"Puerperal Fever and Medical Responsibility," by James Jamieson, M.D.; "Vesical Irritability in an elderly Female cured by Dilatation of the Neck of the Bladder," by T. K. Hamilton, M.D.; "Some Notes on Disinfectants," by Jas. Jamieson, M.D.; the official record of the *post mortem* examination of the body of President Garfield, &c., &c.

HOSPITAL INTELLIGENCE.

THE ADELAIDE CHILDREN'S HOSPITAL.

The fifth Annual meeting of subscribers was held at the Hospital on Monday, 17th October. In the unavoidable absence of his Excellency the Governor, the chair was taken by his Honor the Chief Justice.

From the Annual Report read at this meeting by the Secretary (Mr. R. C. Norman), we learn that during the year ending September 30, 1881, 167 in-patients were treated, suffering from the following diseases:—

Abscess	2	Glands, Disease of	3
Brain, Disease of	7	Hernia	1
Bronchitis	5	Heart Disease	5
Bone, Disease of	11	Hip Disease... ..	13
Burns and Scalds	4	Injury	5
Calculus	2	Joints, Disease of	9
Cancer	1	Nævus	1
Chorea	11	Paralysis	4
Convulsions... ..	2	Phthisis	3
Diarrhoea	1	Pneumonia	5
Epilepsy	1	Rheumatism	7
Erysipelas	1	Skin Diseases	4
Enteric Fever	7	Spine, Disease of	8
Eye Diseases	25	Talipes	6
Febricula	2	Other Diseases	5
Fistula	1		
Fractures	5		167

Cured, 79; Improved, 47; Unrelieved, 7; Died, 6; number of Inmates on 30th September, 1881, 28.

Prior to December, 1880, no record was kept of the surgical operations performed at the Hospital; since that date it may be interesting to note that anæsthetics have been administered on 46 occasions, chloroform being used 44 times, and ether twice.

AUSTIN HOSPITAL FOR INCURABLES, MELBOURNE.

A special meeting of the Committee of the above institution was held at the Melbourne Town Hall on Monday, November 14th, to adopt a code of by-laws for the government of the institution.

A discussion arose on the question whether paying patients should be admitted as inmates, but no definite decision was arrived at, the matter being held over for future consideration. This course was apparently adopted in order that Mrs. Austin might have an opportunity of giving expression to her wishes on the subject. It was unanimously decided that the Committee of Management should consist of 20 contributors (16 gentlemen and 4 ladies), five to form a quorum.

At a subsequent meeting the number of ladies on the Committee was increased from four to six. The subject of the appointment of officers of the institution was also introduced, but after some conversation the consideration of this important matter was deferred until the 21st December, when a special meeting of the Committee for this purpose will be held.

LAUNCESTON GENERAL HOSPITAL.

At the meeting of the Committee, held on Thursday, November 3rd, the Colonial Secretary, in reply to a resolution carried at last meeting, said that the Government had assented to the giving of notice to Dr. Chas. A. Stewart dispensing with his services after the 19th January, at the same time stating that he was not prepared to submit a bill to Parliament to alter the constitution by having one Surgeon-Superintendent and five Consulting Surgeons, as recommended by the Board. He, however, approved of the Board advertising for a House Surgeon, who would be competent to fulfil the position of Surgeon-Superintendent if one was hereafter appointed. It was left to the Chairman to prepare the advertisement accordingly, which since appeared in all the principal colonial newspapers, calling for applications from duly qualified medical practitioners up to November 28.

At the same meeting Dr. J. A. Hardy gave notice of motion to the effect that it was desirable that the House Surgeon should be disassociated from other occupations, such as that of Health Officer, and he referred to the inconveniences that arose from Dr. Stewart's absence from the Hospital on that account.

A RESIDENT MEDICAL SUPERINTENDENT FOR THE SYDNEY INFIRMARY.

At the monthly meeting of the Sydney Infirmary Committee, held on November 1st, the discussion on Mr. Alderman Horden's motion for the appointment of a Resident Medical Superintendent at a salary of £750 a year was resumed.

The President (the Hon. Arthur Renwick, M.D.) suggested that as the Sydney Hospital Bill merely required the Governor's signature to become law, and a new Committee would be appointed under it in two months, he would suggest to Alderman Hordern not to press his motion at present, as the new Committee on which he (Mr. Hordern) would, no doubt, be elected, would necessarily make new laws and regulations for the governance of the institution, and would then take the matter into serious consideration. He thoroughly sympathised with the principle advocated by Mr. Hordern. Finally the Committee decided to simply record its opinion that a responsible administrative medical head should be included in the new arrangement.

MEDICO-LEGAL.

A MEDICAL PRACTITIONER IN BRISBANE CHARGED WITH MANSLAUGHTER.—At the City Police Court, Brisbane, on October 26, Dr. J. R. Joseph, of South Brisbane, was indicted for having caused the death of a woman by carrying the contagion of puerperal peritonitis from another patient of his, both of whom he is said to have attended on the same day. The evidence, however, not being sufficiently strong to justify a conviction, the case for the prosecution broke completely down at an early stage.

A MEDICAL PRATITIONER MULCTED IN HEAVY DAMAGES FOR FALSE IMPRISONMENT UNDER A CERTIFICATE OF LUNACY.—Mr. Solomon Ifla, a surgeon and Justice of the Peace at Emerald Hill, Melbourne, was sued last month in the Supreme Court of Victoria by Mr. William Smith, of Emerald Hill, for £1,000 damages, for having improperly and negligently given a certificate that Smith was of unsound mind, under which certificate and that of another medical practitioner, Smith was incarcerated in the Yarra Bend Asylum. The certificates were obtained at the instance of Mrs. Smith, who alleged that her husband had, without cause, made charges against her of improper conduct, and it was said Smith was labouring under delusions. Smith was in the Asylum for nearly two months, when he was released by order of his Honor Mr. Justice Williams, after he had taken the evidence of a number of witnesses on the subject. It was contended for the defendant that Smith was labouring under delusions as regarded his wife, that he was insane at the time of his incarceration; but that, even if he were not insane, the defendant had exercised proper care and caution in examining the plaintiff, and in making inquiries before he signed the certificate as to his lunacy. For the plaintiff, it was urged that, even if he was under a delusion, he was not insane in the sense that he should be sent to an asylum, and that the defendant had not made reasonable inquiries about him. The jury, after deliberating about an hour, gave a verdict for plaintiff, damages, £520. We are also informed that Mr. W. Smith, the plaintiff, has instructed his solicitors to proceed with a second action for a similar amount, against Dr. Henry B. Forster, of Emerald Hill, who, together with Dr. Ifla, signed the certificate upon which the plaintiff was confined in the Yarra Bend Lunatic Asylum.

ATTEMPT TO PROCURE ABORTION.—At the Sydney Central Criminal Court, on November 14, Abraham John Van Heekeren was indicted for attempting to procure a miscarriage on the person of a single woman, by means of a male catheter. The defence was that the premature birth of the child was due to some pennyroyal taken with that intent by the advice of the girl's master, and that the charge against the accused had been trumped up to screen the real offender. The case lasted the whole day, and as the jury, who were locked up all night, could not agree, the prisoner was liberated in his own recognizance and two sureties to appear when called upon.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 2s. 6d., which should be forwarded in stamps with the announcements.

BIRTHS.

JONES.—October 20, at her residence, 1 adre Idres, Ashfield, Sydney, the wife of Theophilus Richard Jones, M.D., of a daughter.

LLEWELLYN.—October 13, at Brailwood, N.S.W., the wife of Dr. Rees Llewellyn, of a daughter.

READ.—On the 10th November, at Carisbrook House, Singleton, the wife of Dr. Richard Read, of a daughter.

MARRIAGES.

BENNETT—ARCHER.—On the 8th November, at Christ Church, Longford, by the Rev. A. Wayn, Arthur Bennett, M.D., of Stawell, Vic., to Geraldine, youngest daughter of the late Edward Archer, of Northbury, Longford, Tas.

FISCHER—FLETCHER.—On October 26th, at the Parish Church, St. Jude's, Carlton, by the Rev. C. Stuart Perry, Salia, eldest son of the late Salia Fischer, Esq., of Melbourne and Sydney, to Kate, second daughter of Edward Fletcher, Esq., M.D., M.R.C.S.E., "Halcombe House," Melbourne.

HOLTHOUSE—COOPE.—On the 9th November, at St. Jude's Church, Ballarat, Vic., by the Rev. H. E. Cooper, assisted by the Rev. J. Mercer, Le Gay, eldest son of Dr. Holthouse, of Ballarat, to Annie, second daughter of the late Thos. Coope, Esq., of Emerald Hill, Melbourne.

DEATHS.

ASPINALL.—On Nov. 13, at the Hospital, Roma, Qu., Henry Moore Aspinall, L.R.C.P., Edin., M.R.C.S.E., 1873, surgeon to the Roma hospital, of idiopathic tetanus, aged 32 years.

LARGE.—October 21, at Tumut, N.S.W., William Large, L.F.P.S., Glas., aged 74 years.

MORTON.—October 21, at his late residence, Mill House, Queenbeyan, N.S.W., Andrew Morton, J.P., L.R.C.S., Edin., 1840, aged 69 years.

PATERSON.—November 1st, at Quay-street, Rockhampton, Queensland, Robert Henry Paterson, M.B., et Ch. M., Glas., 1878, late Professor of Botany, Anderson College, Glasgow, aged 26 years.

MEDICAL APPOINTMENTS.

Armstrong, William, M.B., et Ch. B., Melb., to be Resident Medical Officer, Lunatic Asylum, Ararat, Vic.

Fishbourne, John William Yorke, M.B., et Ch. M., Dub., to be acting Medical Superintendent of the Lunatic Asylum, Beechworth, Vic., during the absence on leave of Dr. W. L. Watkins.

Flood, Stephen, M.B. et M.D., Trin. Coll. Dub., L. et F.R.C.S., Irel., has been appointed House Surgeon to the Hospital at Toowoomba, Queensland.

Gosse, Charles, M.D., appointed Ophthalmic Surgeon to the Adelaide Hospital.

Harricks, Francis Meagher, L.R.C.S., Irel., L. et L., Mid., K.Q.C.P., Irel., St. Kilda, Melbourne, appointed Honorary Surgeon to the Alfred Hospital, Melbourne.

Hogg, Richard Bowen, M.R.C.S.E., of Timaru, N.Z., appointed Medical Officer for attending charitable aid cases in Timaru, at a salary of £50 a year, with £10 additional for drugs.

Kealy, Joseph Patrick, M.D., to be Public Vaccinator for Norwood, S.A.

King, T. R., M.D., of Christchurch, N.Z., appointed Medical Superintendent Mount View Lunatic Asylum, Wellington, at a salary of £400 per annum.

McBurney, Robert, M.D., L.R.C.P. et R.C.S., Edin., has been appointed Visiting Medical Officer to the St. Joseph's Orphanage, Mackay, Queensland.

McClintock, Charles, M.D., to be Public Vaccinator at Quorn, S.A.

McMurdie, Charles Napier, M.D., of Warkworth, N.Z., to be Public Vaccinator for the district of Albert Land and Mangawai; also additional Public Vaccinator for district of Waitara.

Maxton, Laurence, L.R.C.P. et R.C.S., Edin., late of Cunnamulla, Queensland, appointed Surgeon to the Hospital at Charter Towers, at a salary of £400 per annum.

Neill, Alexander H., M.D., late Medical Superintendent Mount View Lunatic Asylum, Wellington, appointed Medical Superintendent of the Dunedin and Seaclyffe Lunatic Asylum, N.Z., at a salary of £600 per annum.

Scholes, Richard Battersby, M.B. et Ch. M., Edin., late Medical Superintendent Callan Park Lunatic Asylum, Sydney, appointed Medical Superintendent of Woogaroo Lunatic Asylum, Goodna, Queensland, vice Dr. Patrick Smith, resigned.

Watkins, William Longworth, L. et L., Mid., K.Q.C.P. Irel., L.R.C.S., Irel., Medical Superintendent Beechworth Lunatic Asylum, to be Acting Medical Superintendent Lunatic Asylum, Sunbury, Victoria.

MEDICAL OPENINGS AND VACANCIES.

Advertisements for this column, not exceeding five lines, are charged 2s. 6d., and 6d. for every additional line.

* * Advertisers are requested to forward to the office of this paper full particulars of all vacancies and openings which are to be advertised in the Australasian Medical Gazette, to enable the Publisher to answer the inquiries of intending applicants.

A Highly Qualified Medical Man, with Home and Australian testimonials as to professional ability and personal character, is desirous of obtaining a really first-class opening in New South Wales. Address B. Medical Gazette Office.

New South Wales.—A Vacancy exists at Hill End for a Medical man. Full particulars as to probable practice and salary from hospital and friendly societies can be had by applying to G. H. Bryant, Secretary Hill End Hospital.

South Australia.—Wanted, for the Loyal Gumeracha Lodge, M.U., and J. B. Gough Tent, I.O.R., a duly qualified Medical Practitioner. Full particulars on application to Mr. J. Blue, Gumeracha.

South Australia.—The Loyal Balaklava Lodge, I.O.O.F. M.U., and the Sons of Temperance, Balaklava, require the services of a Surgeon, owing to the resignation of Dr. Wrigley, who is leaving the colony. Balaklava with its large surrounding district would undoubtedly ensure a most remunerative practice to a medical practitioner. For information apply to Mr. William Slee, Secretary to the Loyal Balaklava Lodge, Balaklava.

Oddfellows' Medical Institute, M.U., Elizabeth-street, Sydney.—Required a qualified Medical Practitioner. Applications, with credentials, received by the undersigned, from whom all particulars may be obtained. Isaiah Mutton, Secretary.

Victoria.—Applications from legally qualified Medical practitioners will be received up to December 14, for the office of Assistant Surgeon to the Bendigo Hospital, Sandhurst. Salary, £150 a year, with board and residence. Applications and copies of testimonials to be sent to Andrew Thunder, Hon. Sec.

Communications, Letters, &c., have been received from Dr. T. K. Hamilton, Laura; Dr. L. Henry, Melbourne; Dr. Jas. Jamieson, Melbourne; Dr. J. E. Neild, Melbourne; Dr. G. R. W. Adam, East Melbourne; Dr. T. Evans, Sydney; Dr. W. L. Cleland, Adelaide; Dr. W. S. Byrne, Mackay; Dr. A. E. Byrn, Dalby.

Book and Pamphlet Received.

"A Manual of what Every Mother should Know," by Ed. Ellis, M.D., from the publisher, Mr. A. Simpson, in Christchurch; Fifth Annual Report of the Adelaide Children's Hospital.

PUERPERAL FEVER AND MEDICAL RESPONSIBILITY.

BY JAMES JAMIESON, M.D.,

Lecturer on Obstetrics, and Diseases of Women and Children,
Melbourne University.

The responsibility of medical persons, in whose practice cases of puerperal fever have occurred more than once within a limited period, has been often discussed in England and other European countries. The question in the present state of our knowledge is an excessively difficult one; but the fact that a medical man has lately been summoned before the Police Court in Brisbane, to answer the charge of manslaughter in the case of one of his patients dying of that disease, makes some discussion of its bearings desirable. The facts of the case were shortly these:—Dr. Joseph was called in to see a woman, confined under the care of a midwife, on the day after delivery, and found her suffering from peritonitic symptoms. He continued in attendance for two days longer, when he was superseded by another medical man, who found her in an almost hopeless condition, death actually taking place on the seventh day after delivery, viz., on 28th September last. Soon after, though the exact date is not mentioned in the evidence as reported, Dr. Joseph attended another woman who died on October 4, from what was stated by the gentleman making the post-mortem examination, to have been puerperal septicæmia. It was on this latter case that the charge of manslaughter was laid. The time of the court was mainly occupied with evidence to show that the first case was one of puerperal peritonitis, and that there was risk of carrying contagion from it. It soon became apparent, however, that the evidence was not such as to justify a conviction, and the charge was accordingly withdrawn. It is not necessary to enter into a consideration of the statements made by the various medical men who took part in the trial; but, in view of the importance of the question at issue it ought not to be passed over without a clear expression of opinion on its general merits.

There can scarcely be room for doubt that the authorities acted without proper caution in bringing a charge based on so little sifted and authentic evidence. It may be that a desire to give warning, as much as the hope of securing a conviction, weighed with those who instigated or ordered the prosecution. A good many cases of puerperal fever of a fatal sort had occurred in Brisbane within a short time, and the popular mind was no doubt excited, and had to get some satisfaction in the shape of legal inquiry.

In the present state of our knowledge of the nature of the conditions, brought together under the term puerperal fever or metria, and of its pathological affinities, it is doubtful whether a conviction could easily be got, even in a case with more suspicious accompaniments than this Brisbane one. It seems to be the first, in which a medical man has been put on trial, for the real or supposed offence of conveying a poison capable of producing puerperal fever. In England at least one midwife has been sentenced to a term of imprisonment, and others have been tried, for having carelessly or unwittingly done so; and if a midwife may be so convicted, *à fortiori* a medical man, with his better knowledge and greater responsibilities, may be, supposing proof or evidence to be attainable, which will be considered satisfactory by a judge and jury. Of course, even if conviction were got in a police court, such a case would inevitably be carried before a higher tribunal. There has been great change of opinion, even among leading authorities, of late years on the subject of the nature and causes of puerperal fever; although there is not by any means unanimity even yet. This diversity of opinion was strongly brought out in the great discussion at the London Obstetrical Society, in 1875, which was very fully reported by the weekly medical journals. The rapid development of knowledge was almost as clearly shown by the statement, then made by Professor Leishman, that he had materially altered his views since the publication of the first edition of his *System of Midwifery*, less than two years before. Those who are desirous to see what could then be said, for and against almost any doctrine on the subject, will find abundant material in speeches reported in the *British Medical Journal*, or *Lancet*, vol. 1, 1875. Even since that time much has been gained, and the most accredited teaching now is, that puerperal fever is, in its root and essence, septic poisoning, the symptoms varying with the general and local conditions; endometritis, parametritis, peritonitis, and septicæmic or pyæmic conditions respectively, being most prominent in different cases, or complicating each other in diverse forms and degrees. Of late years the tendency has more and more been to separate puerperal fever from any connection with the specific zymotic diseases, scarlatina, measles, &c.; and rather to bring out its affinities with the acute surgical diseases, phlegmonous inflammation, pyæmia,

erysipelas, and with gangrenous and putrefactive processes generally. There is no doubt that contagion can be conveyed from one woman, suffering from some form of puerperal fever, to another in labour or recently delivered; but, there is almost as little doubt that the disease may also be produced by something conveyed from a surgical case of the kinds just mentioned, or from a dead body. But further, it is generally accepted as proved, that if a portion of placenta or membranes happens to be left in the uterus after delivery, and putrefaction takes place, even without any specific infection, symptoms not to be distinguished from puerperal fever may arise. It is this peculiarity with regard to the etiology of puerperal fever, that is to say, the possibility of its production by many and distinct causes, that must always make it difficult to secure a conviction on the charge of manslaughter. For even supposing a medical man or midwife has attended a woman, suffering from some form of metria, and soon after assists at the delivery of another woman, who dies of the disease, it will scarcely be possible to provide conclusive evidence, that the second case was due to contagion from the first, and not to some one of the other causes above mentioned. But the question will still be put—Is there to be no protection to the lying-in woman, against the carelessness or ignorance of practitioners male or female? The question is a natural one; for though the deaths from puerperal fever may, in the aggregate, be greatly fewer than those from typhoid or scarlet fever, they always excite more attention and comment, and have not popularly come to be looked on as inevitable, in the same way as these latter almost are. It is doubtful if strict legislation on the question is possible, and the pressure of public opinion bearing on those, in whose practice cases of puerperal fever occur repeatedly, must in the main be relied on to compel the adoption of proper precautions. In the case of medical men this motive must be a powerful one; but with midwives it cannot be relied on, and for the manifest reason that any woman may carry on practice as a midwife, without having passed through any course of training, or given any proof of being possessed of proper qualifications. If midwives are ignorant it is simply because the public will have it so, since it is in the power of the legislature to insist on training and registration, as indispensable in their case, just as is now done with medical men and druggists. If a midwife is not expected to pass through a course of training, and give proof of possessing a fair measure of knowledge, it is unfair to talk of punishing her for not having that knowledge. The first step required is to make the registration of regularly practising midwives compulsory, proof of qualifications being required as a preliminary. In Germany and some other countries on the Continent this has been the law for many years.

But the question still remains: What can be done, for the protection of lying-in women from the danger of acquiring puerperal fever by means of carried contagion, the possibility of that occurring being beyond dispute? It might be made an offence for any medical man or midwife to attend a case of confinement, after having been in attendance on a case of puerperal fever. The difficulty about making any such law is that it would be quite a new departure in legislation. Why should it be made criminal for a man to visit a healthy person, after seeing a case of puerperal fever, and not criminal to do the same with scarlet fever, measles, &c., which are excessively contagious, and year by year cause far more deaths than that disease, even at its worst? There would require to be a much clearer case made out than is at present possible, before proposals for any such exceptional legislation could be seriously entertained. It has been proposed at times, and mostly by sapient coroners' juries, that any one who has been in attendance on a case of puerperal fever, should be compelled to abstain from midwifery practice for some time; and the same wise authorities have even expressed the opinion, that two or three months of withdrawal from work would not be too long. It is only necessary to consider what any such rule would involve, to show its impracticability. Its tendency would simply be to exclude almost permanently from work all the leading, and therefore presumably the most competent, practitioners in that particular line of practice; these being the men who are called in consultation to difficult cases, those of puerperal fever included. If they were to continue in practice at all, they would have no choice but to decline seeing any case, even suspected to be puerperal fever. Independently of these considerations, and by themselves they are enough to secure condemnation of any such proposal, it has not even been proved that such abstention from practice is necessary. Dr. Matthews Duncan, in his letter sent as a contribution to the discussion at the London Obstetrical Society, stated that, in all the course of a long professional life, he had never required to give up work, and that he had never had a series of puerperal fever cases. He

added, of course, that if he were at any time so unfortunate as to meet with a succession of cases in his own practice, it would be a serious question as to what his duty should be. No doubt he would do, what most practitioners have been in the habit of doing under such circumstances, *i.e.*, take a holiday or decline midwifery for a short time. There is no use in trying to lay down a hard and fast line, about how long that time should be, since it would depend on how far other precautionary measures were at the same time taken, a week with one man being as good, perhaps, as a month with another. Now that public opinion has been educated, to the extent of recognising that puerperal fever is a preventable disease, no man with a reputation to lose, to say nothing of being possessed of right feeling, will allow himself to be the vehicle of contagion, except from some unfortunate misadventure. If nothing less than temporary withdrawal from work seems necessary, an enlightened regard for his own interests, as well as thought of his patients' welfare, will lead him to take that step. But with all the experience derived from the practice of antiseptic surgery, and the partial application of its principles in obstetrics, there need be no hesitation in asserting that it is possible to attend a case of puerperal fever, and soon after an ordinary labour, without appreciable risk; less risk, in fact, than every medical man frequently runs of himself acquiring some dangerous contagious disease, or of introducing it into his own family. It is surely a little unreasonable, on the part of the public, to insist on being better guarded than we can guard ourselves, and unreasonable demands can never, in the long run, be carried out. It is a good rule, and one I am in the habit of enforcing strongly on students, to use some antiseptic precautions habitually, in all cases of labour, even perfectly normal ones; to wash the hands carefully before making an examination, and to use carbolic oil or vaseline as an unguent. If there has been contact with some source of contagion, and a case of puerperal fever is not the only such source, the precautions must be stricter, including a bath, change of clothes, very careful use of the nail brush, first with soap and warm water, and then with some antiseptic fluid, such as 2 per cent. carbolic solution; and free use of a 10 per cent. unguent. Washing out the vagina with 2 per cent. solution of carbolic acid, or diluted Condy's fluid, after labour is completed, or even in its course if tedious, will complete the precautionary measures. Any man who is fairly competent as an accoucheur, and adopts precautions of the nature just described, ought to be able to guard himself from the reproach of having conveyed a deadly virus to an unsuspecting patient. Any considerable prevalence of puerperal fever in a city or country, at the present day, is in a sense an opprobrium to medical science; though, as a matter of fact, medical men must decline to assume the whole responsibility, so long as any woman, however stupid or ignorant, is permitted to call herself a midwife, and to practise as such.

VESICAL IRRITABILITY IN AN ELDERLY FEMALE CURED BY DILATATION OF THE NECK OF THE BLADDER.

By THOMAS K. HAMILTON, M.D., Dub., F.R.C.S.I., Laura, S.A.

Mrs. S., aged 59 years, a rather delicate, spare woman, consulted me first on June 1st, 1880. She complained very much of a feeling of uneasiness, sometimes amounting to actual pain, in the hypogastric region, worse some days than others, very frequent desire to pass water, necessitating her getting up often during the night. At times this is most distressing, and only a small quantity of water passes. It was for this trouble particularly she sought relief. Hæmorrhoids occasionally annoy her, but only when her bowels are constipated. Twelve months before this she was similarly affected, and again about six weeks ago, and each time the symptoms soon passed off under ordinary medical treatment. Without making any examination I put her on an alkaline mixture, with Spt. Etheris Nit. and Tinct. Hyoscyami, and ordered her to drink Potassæ Bicarb. in barley water.

June 28.—Not much improved. On examination a small irritable spot of the mucous membrane, near the meatus urinarius was found; uterus normal in position and every other respect, a very slight whitish vaginal discharge, two or three small external hæmorrhoids seen, but no symptoms of any irritation of the lower part of the rectum or of the anus; she has no pain in defæcation, even if bowels confined, no hæmorrhage or other subjective signs of hæmorrhoids, fissures, &c. The absence of this latter prevented me from making anything but an examination of the anus and rectum.—Cont. mixture as before.—Take of Iodoform three grains; Sulphuric Ether sufficient quantity; dissolve, and add one ounce of

Vaseline, Mix., so that an ointment may be made. This is to be applied on the spot in the vagina.

July 25.—Her condition not materially altered since last note, though she has been on large doses of Citrate of Potash, also on Citrate of Lithia, and again on solution of Perchloride of Iron with Hydrobromic, and dilut. Nitro-Muriatic acids. Having thus exhausted all the usual remedies used for such cases, and not being able to lay my hands on any source for reflex irritation, I came to the conclusion that the time for dilating the urethra and neck of the bladder had arrived, which time, according to Teale, of Leeds, (who gets the credit of originating the practice), arrives when all ordinary means of relief have been tried in vain.

THE OPERATION.

I did not use any anæsthetic, as I was alone, and the patient's heart's action was not at all good. So, after telling her it would be a little painful, I placed her in the ordinary obstetric position, had her upper leg supported by a female assistant, and proceeded to dilate. I first introduced a small dressing forceps, and expanded its blades slowly, as far as they would go. I then replaced them by a polypus forceps pushed well up into the bladder, so as to dilate the urethra and neck of the bladder uniformly. After exercising steady pressure in one direction I closed the blades and turned the forceps round so as to dilate the antero-posterior, as well as the lateral diameter. The dilatation was steadily continued until, on withdrawal of the forceps, I could readily introduce my little finger far enough to sweep it round the interior of the bladder adjacent to the neck. The mucous membrane was slightly lacerated, which caused a little bleeding. Considering my patient's age, predisposing as this would to incontinence afterwards, inasmuch as we know how much less resilient her tissues would be than a younger person, and how much more easily paralysed, I thought moderate dilatation would be much safer and equally effective. On removing my finger, having found nothing abnormal about the neck of the bladder, I swabbed out the passage with a 60 grs. solution of Nitrate of Silver, and applied a compress dipped in cold water. I ordered the following:—Take of Succus of Hyoscyamus one drachm, Sweet Spirits of Nitre 20 minims, Nitrate of Potash four grains, Water to half an ounce; to be taken every three hours.

July 26.—Has had a good deal of pain during the night all over the lower part of the abdomen and in the vagina; very little bleeding; can pass water without much trouble and no incontinence. *The frequent desire to micturate very much less.*

July 30.—The frequent micturation and pain returned last night for an hour or two, but passed off again. On examination the meatus looks swollen and inflamed. No. 12 catheter passed freely without any increase of pain.—Pencil of Mitigated Nitrate of Silver (one part to three parts of Pot. Nit.) passed up the urethra.

August 1.—*Frequent desire to pass water entirely gone*, but some pain remains, not pain during micturition, but at all times.—10 gr. solution of Nitrate of Silver applied to neck of bladder, through Atthill's uterine platinum canula, with Playfair's probe and cotton wool.

August 18.—Has had some return of pain, but is now entirely free from the frequent desire to pass water and the tenesmus.—Nitrate of silver applied as before.

September 7.—On examining the anus several small "medium" piles were found on the verge of the passage, which have been causing a "burning pain," especially when she sits long. She has no bleeding nor any pain on defæcation. There is a small laceration or fissure on the posterior aspect of the anus. I injected the largest of the hæmorrhoids (which, however, was only about the size of a small pea) with watery solution of Carbolic Acid, *i.e.*, 20, and ordered Glycerin 1 drachm, to be taken twice in the day.

September 20.—She still complains of the anus annoying her. The pile injected has quite disappeared. Two other hæmorrhoids were now similarly injected.

October 3.—Was feeling better until two days ago, when her bowels being confined, the piles began to annoy her again. Some pain still complained of in the region of the bladder, which the occasional application of 10 gr. sol. of Nitrate of Silver relieves. On examination the injected piles are found shrunken and quite small.—Take of Tincture of Nux Vomica, ten minims; Muriate of Ammonia, ten grains; dilute Nitro Muriatic Acid, ten minims; Syrup of Orange Peel, half a drachm; water to half an ounce. To be taken, twice daily in water before meals. Enema of cold water each morning. Ung. Gallæ c Opio; Ext. Belladonna equales partes. Fiat unguentum applicandum sæpe. Hydropathic bandage wetted in mustard water, to be applied every night over the abdomen.

After steady perseverance in this treatment for some time, along with occasional application of the Nitrate of Silver solution to the urethral passage, considerable uneasiness still remained about the anus, and the above-mentioned fissure of the passage persisted, although there was a complete absence of any symptoms of spasm of the sphincter ani, there still being no pain on defæcation or on passing the finger *per anum*. Nevertheless, as the uneasiness was so much complained of, I thought I should try if dilatation of the sphincter would relieve, so I dilated, according to M. Nelaton's method, with the two thumbs back to back. This, however, was not followed by any marked improvement, but the subsequent application of Mitigated Nitrate of Silver was successful in relieving some of the discomfort, and making her feel better.

October, 1881.—My patient is now, I am glad to say, almost quite free from trouble, either of the bladder or anus. *The frequent desire to micturate has never returned.* She still, however, is occasionally troubled with some uneasiness about the anus. She is now able to go about, is in good spirits, and can do her own household work, which she was unable to do for a long time. I would in conclusion, wish to draw attention to the points of interest in this case, and in doing so explain the reasons for the mode of procedure I adopted in dealing with it.

It might be said, perhaps, that I began at the wrong end in my treatment; that prior to undertaking an operation which possibly might result in such an unpleasant weakness as incontinence of urine, I should have treated the then very small hæmorrhoids, paralysed the anal sphincter, &c., and made sure that, so far as we know of, the usual sources of reflex vesical irritation, I had removed them entirely; but it must be remembered there were positively no signs, either subjective or objective, which pointed to the necessity for any interference. I say the necessity, for I think no surgeon would have thought of operating on such small and apparently harmless hæmorrhoids as they appeared when I saw them first, especially as no symptoms whatever were then referred to the anus or rectum. The view I take of the case is this: I believe there was a generally hyperæsthetic condition of the branches of the sacral plexus, supplying the bladder and lower part of the rectum. When we remember that the inferior pudendal, inferior hæmorrhoidal, perineal, and other nerves all have their origin from adjacent trunk nerves of the sacral plexus, and that the vesical and inferior hæmorrhoidal plexuses both come from a common plexus of the sympathetic viz., the "pelvic plexus," it is not to be wondered at that there should be a similar condition of irritability of all the branches, which might have been a "neurosis," or a "neuralgia." I use the former word to cover any abnormal condition of a nerve, and if "neuralgia" is, as it is now supposed to be, a form of vascular spasm in the tract of nerves, why should these nerves not be engaged as well as the supraorbital of the fifth causing the so common orbital neuralgia or an intercostal nerve causing the so called "pleurodynia." We get into the habit of applying the term neuralgia to certain nerves or groups of nerves, never thinking that probably all the nerves are capable under certain conditions, perhaps not yet fully understood, of becoming painful. Is it not reasonable then to conclude that its vesical irritability in this case originated in an unduly irritable condition of the nerves supplying the circular fibres forming the so called "sphincter" vesicæ, aggravated by a similarly irritable condition of the other branches of the same plexus supplying the inferior part of the rectum and anus? We cannot discard altogether the "reflex" element in connection with the bladder, for we know this part of the apparatus for excreting the urine is, under certain conditions, eminently "reflex" in its action, leaving out of consideration the vexed question as to how far micturition is the result of a conscious effort of the will, and how far it is beyond such control. The result of the operation of dilatation was, as far as the vesical irritability is concerned, most satisfactory and everything that could be desired, for she has enjoyed absolute immunity from this distressing trouble ever since. But may not this improvement be attributed to the stretching of the muscular fibres along with the nerve supplying them? In fact, a mode of "nerve stretching" differing only from the now popular method of treating painful nerves by not having the nerves exposed and isolated before being stretched. But, it may be asked, why did the irritation and pain in the lower part of the rectum and anus come on some days after the urethral dilatation. Well, following out my train of argument and explaining the *rationale* of my treatment, I believe this again was a neurosis or a neuralgia, more severe or perhaps only more severely felt after relief was experienced from the vesical irritation. Don't we see this in other nerves having a direct or indirect anatomical connection? How

often have we seen a lumbago relieved by treatment but only to give place to sciatica? Or again, I have a patient at present under treatment in whom most severe and obstinate pain in the anterior dental branches of the superior maxillary has given place to equally severe pain in the inf. dental branches of the inferior maxillary nerve, and other instances of the same thing might be quoted. I conceive it quite possible and extremely likely that in this case the very relief given by removing the vesical irritation caused or increased either a latent or a hitherto very moderate degree of irritation of the nerves supplying the anus and lower part of the rectum. The comparatively small amount of success, at least in relieving symptoms, which attended the treatment of the hæmorrhoids and the fissure, also, I think, point to the trouble complained of being of a neuralgic character, and I am convinced that nothing tended to remove these symptoms more than the improvement of her general health by the well regulated diet, tonic treatment and the most favourable hygienic condition she could be placed under. I offer these few remarks in explanation of my mode of treating this interesting, and I may fairly say, peculiar case. I know Messrs. Teale and Heath and Professor Spiegelberg have recorded cases of rapid dilatation of the female urethra, but in none of their cases has the patient been as old as in my case. That the operation was performed without any anæsthetic, that the woman's age was 59 years, that no incontinence whatever resulted, and that immediate and permanent relief followed the operation, for these points I consider my case, taken along with similar cases previously published, interesting and worth recording.

OFFICIAL RECORD OF THE POST-MORTEM EXAMINATION OF THE BODY OF PRESIDENT J. A. GARFIELD,

Made September 20th, 1881, commencing at 4.30 p.m., eighteen hours after death, at Franklyn Cottage, Elberon, N.J., present and assisting, Dr. D. W. Bliss, Surgeon-General J. K. Barnes, U.S.A., Surgeon J. J. Woodward, U.S.A., Dr. Robert Reyburn, Dr. Frank H. Hamilton, Dr. D. Hayes Agnew, Dr. Andrew H. Smith, of Elberon and New York, and Acting Assistant Surgeon D. S. Lamb, of the Army Medical Museum of Washington, D. C.:

Before commencing the examination a consultation was held by these physicians in a room adjoining that in which the body lay, and it was unanimously agreed that the dissection should be made by Dr. Lamb, and that Surgeon Woodward should record the observations made. It was further unanimously agreed that the cranium should not be opened. Surgeon Woodward then proposed that the examination should be conducted as follows:

That the body should be viewed externally, and any morbid appearances existing recorded.

That the catheter should then be passed into the wound, as was done during life, to wash it out for the purpose of assisting to find the position of the bullet.

That a long incision should next be made from the superior extremity of the sternum to the pubis, and this crossed by a transverse one just below the umbilicus.

That the abdominal flaps thus made should then be turned back and the abdominal viscera examined.

That, after the abdominal cavity was opened, the position of the bullet should be ascertained, if possible, before making any further incision, and that, finally, the thoracic viscera should be examined.

This order of procedure was unanimously agreed to.

The examination was then proceeded with, and the following external appearances observed:—

The body was considerably emaciated, but the face was much less wasted than the limbs.

A preservative fluid had been injected by the embalmer a few hours before into the left femoral artery. The pipes used for this purpose were still in position.

The interior surface of the body presented no abnormal appearances, and there was no ecchymosis, or other discolouration of any part of the abdomen.

Just below the right ear, and a little behind it, there was an oval ulcerated opening, about half an inch in diameter, from which some sanious pus was escaping, but no tumefaction could be observed in the parotid region.

A considerable number of purpura-like spots were scattered thickly over the left scapula, and thence forward as far as the axilla. They ranged from one-eighth to one-fourth of an inch in diameter, were slightly elevated and purpuraceous on the surface, and many of them were confluent in groups of two to four or more. A similar but much

less abundant eruption was observed sparsely scattered over the corresponding region on the right side.

An oval, excavated ulcer, about an inch long, the result of a small carbuncle, was seated over the spinous process of the tenth dorsal vertebra.

Over the sacrum there were four small bed-sores, the largest about half an inch in diameter.

A few acne pustules and a number of irregular spots of post-mortem hypostatic congestion were scattered over the shoulders, back, and buttocks.

The interior part of the scrotum was much discoloured by hypostatic congestion.

A group of hæmorrhoidal tumours rather larger than a walnut, protruded from the anus.

The depressed cicatrix of the wound made by the pistol-bullet was recognised over the tenth intercostal space, three and a half inches to the right of the vertebral spines.

A deep linear incision (made in part by the operation of July 24, and extended by that of Aug. 8) occupied a position closely corresponding to the upper border of the right twelfth rib. It commenced posterior about two inches from the vertebral spine and extended forward a little more than three inches.

At the interior extremity of this incision there was a deep, nearly square, abraded surface, about an inch across.

A well oiled, flexible catheter fourteen inches long, was then passed into this wound, as had been done to wash it out during life. More resistance was at first encountered than had usually been the case, but after several trials the catheter entered without any violence to the full length. It was then left in position, and the body disposed supinely for the examination of the viscera.

The cranium was not opened. A long incision was made from the superior extremity of the sternum to the pubis, followed by a transverse incision crossing the abdomen just below the umbilicus. The four flaps thus formed were turned back and the abdominal viscera exposed. The subcutaneous adipose tissue divided by the incisions was a little more than one-eighth of an inch thick over the thorax, but was thicker over the abdomen, being about a quarter of an inch thick along the linea alba and as much as half an inch thick toward the outer extremity of the transverse incision.

On inspection of the abdominal viscera *in situ*, the transverse colon was observed to lie a little above the line of the umbilicus. It was firmly adherent to the anterior edge of the liver.

The greater omentum covered the intestines pretty thoroughly, from the transverse colon almost to the pelvis. It was still quite fat, and was very much blackened by venous congestion. On both sides its lateral margins were adherent to the abdominal parietes.

Opposite the eleventh and twelfth ribs, on the left side, the adhesions were numerous, firm, well-organised, and, probably, old.

[A foot-note here says: "These adhesions and the firm ones on the right side, as well as those of the spleen, possibly date back to an attack of chronic dysentery, from which the patient is said to have suffered during the Civil War. On the right side there were a few similar adhesions and a number of more delicate and probably recent ones."]

A mass of black, coagulated blood covered and concealed the spleen and the left margin of the greater omentum.

On raising this omentum it was found that this blood mass extended through the left lumbar and iliac regions, and dropped down into the pelvis, in which there was some clotted blood and rather more than a pint of bloody fluid.

[A foot-note here says: "A large part of this fluid had probably transuded from the injecting material of the embalmers."]

The blood coagula, having been turned out and collected, measured very nearly a pint.

It was now evident that secondary hæmorrhage had been the immediate cause of death, but the point at which the blood had escaped was not at once apparent.

The omentum was not adherent to the intestines, which were moderately distended with gas.

No intestinal adhesions were found other than those between the transverse colon and the liver already mentioned.

The abdominal cavity being now washed out as thoroughly as possible, a fruitless attempt was made to obtain some indication of the position of the bullet before making any further incisions.

By pushing the intestines aside, the extremity of the catheter, which had passed into the wound, could be felt between the peritoneum and the right iliac fascia, but it had evidently doubled upon itself, and, although a prolonged search was made, nothing could be

seen or felt to indicate the presence of the bullet, either in that region or elsewhere.

The abdominal viscera were then carefully removed from the body, placed in suitable vessels, and examined seriatim, with the following result:

The adhesions between the liver and transverse colon proved to bound an abscess cavity between the under surface of the liver and the transverse meso-colon, which involved the gall-bladder and extended to about the same distance on each side of it, measuring six inches transversely and four inches from before backward. This cavity was lined by a thick pyogenic membrane, which completely replaced the capsule of that part of the under surface of the liver occupied by the abscess. It contained about two ounces of greenish yellow fluid—a mixture of pus and biliary matter. This abscess did not involve any portion of the substance of the liver except the surface with which it was in contact, and no communication could be detected between it and any part of the wound.

Some recent peritoneal adhesions existed between the upper surface of the right lobe of the liver and the diaphragm. The liver was larger than normal, weighing eighty-four ounces. Its substance was firm but of a pale yellowish color on its surface and throughout the interior of the organ, from fatty degeneration. No evidence that it had been penetrated by the bullet could be found, nor were there any abscesses or infarctions in any part of its tissue.

The spleen was connected by diaphragm adhesions.

There were several other deep congenial fissures in its margins, giving it a lobulated appearance. It was abnormally large, weighing eighteen ounces, of a very dark lake red color, both on the surface and on section. Its parenchyma was soft and flabby, but contained no abscesses or infarctions.

There were some recent peritoneal adhesions between the posterior wall of the stomach and the posterior abdominal parietes.

With this exception, no abnormalities were discovered in the stomach or intestines, nor were any other evidences of general or local peritonitis found besides those already specified.

The right kidney weighed six ounces, the left kidney seven.

Just beneath the capsule of the left kidney, at about the middle of its convex border, there was a little abscess about one-third of an inch in diameter.

There were three small serous cysts on the convex border of the right kidney, just beneath its capsule.

In other respects the tissue of both kidneys was normal in appearance and in texture.

The urinary bladder was empty.

Behind the right kidney, after the removal of that organ from the body, the dilated track of the bullet was dissected into. It was found that from the point at which it had fractured the right eleventh rib (three inches and a half to the right of the vertebral spine) the missile had gone to the left obliquely forward, passing through the body of the first lumbar vertebra, and lodging in the adipose connective tissue immediately below the lower border of the pancreas, about two inches and a half to the left of the spinal column, and behind the peritoneum.

It had become completely encysted.

The track of the bullet between the point at which it had fractured the eleventh rib and that at which it entered the first lumbar vertebra was considerably dilated, and the pus had burrowed downwards through the adipose tissue behind the right kidney, and thence had found its way between the peritoneum and the right iliac fascia, making a descending channel, which extended almost to the groin.

The adipose tissue behind the kidney, in the vicinity of this descending channel, was much thickened and condensed by inflammation.

In the channel, which was found almost free from pus, lay the flexible catheter, introduced into the wound at the commencement of the autopsy. Its extremity was found doubled upon itself, immediately beneath the peritoneum, reposing upon the iliac fascia, where the channel was dilated into a pouch of considerable size. This long-descending channel, now clearly seen to have been caused by the burrowing of pus from the wound, was supposed during life to have been the track of the bullet.

The last dorsal, together with the first and second lumbar vertebrae and the twelfth rib, were then removed from the body for more thorough examination.

When this examination was made it was found that the bullet had penetrated the first lumbar vertebra in the upper part of the right side of its body. The aperture by which it entered involved the inter-vertebral cartilage next above, and was situated just below and

anterior to the inter-vertebral foramen, from which its upper margins were about one-quarter of an inch distant.

Passing obliquely to the left and forward through the upper part of the body of the first lumbar vertebra, the bullet emerged by an aperture, the centre of which was about half an inch to the left of the median line, and which also involved the inter-vertebral cartilage next above the cancellated tissue. The body of the first lumbar vertebra was very much comminuted, and the fragments somewhat displaced.

Some deep fissures extended from the track of the bullet into the lower part of the body of the twelfth dorsal vertebra. Others extended through the first lumbar vertebra into the inter-vertebral cartilage between it and the second lumbar vertebra.

Both this cartilage and that next above were partly destroyed by ulceration.

A number of minute fragments from the fractured lumbar vertebra had been driven into the adjacent soft parts.

It was further found that the right twelfth rib also was fractured at a point one inch and a quarter to the right of the transverse process of the twelfth dorsal vertebra.

This injury had not been recognised during life.

On sawing through the vertebra a little to the right of the median line, it was found that the spinal column was not involved by the track of the bullet. The spinal cord and other contents of this portion of the spinal canal present no abnormal appearances. The rest of the spinal cord was not examined.

Beyond the first lumbar vertebra the bullet continued to go to the left, passing behind the pancreas to the point where it was found.

Here it was enveloped in a firm cyst of connective tissue, which contained, besides the ball, a minute quantity of inspissated, somewhat cheesy pus, which formed a thin layer over a portion of the surface of the lead. There was also a black shred adhering to a part of the cyst wall, which proved on microscopic examination, to be the remains of a blood clot.

For about an inch from this cyst, the track of the ball behind the pancreas was completely obliterated by the healing process. Thence as far backward as the body of the first lumbar vertebra, the track was filled with coagulated blood, which extended on the left into a regular space rent in the adjoining adipose tissue. Behind the peritoneum and above the pancreas the blood had worked its way to the left, burrowing finally through the peritoneum behind the spleen into the abdominal cavity. The rending of the tissues by the extravasation of this blood was undoubtedly the cause of the paroxysms of pain which occurred a short time before death.

This mass of coagulated blood was of irregular form, and nearly as large as a man's fist. It could be distinctly seen from in front, through the peritoneum, after its site behind the greater curvature of the stomach had been exposed by the dissection of the greater omentum from the stomach, and especially after some delicate adhesions between the stomach and part of the peritoneum covering the blood-mass had been broken down by the fingers.

From the relations of the mass, as thus seen, it was believed that the hæmorrhage had proceeded from one of the mesenteric arteries, but, as it was clear that a minute dissection would be required to determine the particular branch involved, it was agreed that the infiltrated tissues and adjoining soft parts should be preserved for subsequent study.

On examination and dissection made in accordance with this agreement, it was found that the fatal hæmorrhage proceeded from a rent nearly four-tenths of an inch long in the main trunk of the splenic artery, two inches and a half to the left of the coeliac axis.

The rent must have occurred at least several days before death, since the everted edges in the slit in the vessel were united by a firm adhesion to the surrounding connective tissue, thus forming an almost continuous wall, bounding the adjoining portion of the blood clot. Moreover, the peripheral portion of the clot in this vicinity was disposed in pretty firm concentric layers.

It was further found that the cyst below the lower margin of the pancreas, in which the bullet was found, was situated three inches and a half to the left of the coeliac axis.

Besides the mass of coagulated blood just described, another about the size of a walnut was found in the greater omentum, near the splenic extremity of the stomach.

The communication, if any, between this and the larger hæmorrhagic mass could not be made out.

The examination of the thoracic viscera resulted as follows:

The heart weighed eleven ounces. All the cavities were entirely empty, except the right ventricle, in which a few shreds of soft

reddish coagulated blood adhered to the internal surface. On the surface of the mitral valve there were several spots of fatty degeneration. With this exception the cardiac valves were normal. The muscular tissue of the heart was soft, and tore easily.

A few spots of fatty degeneration existed in the lining membranes of the aorta, just above the semilunar valves, and a slender clot of fibrin was found in the aorta, where it was divided about two inches from these valves for the removal of the heart.

On the right side slight pleuritic adhesions existed between the convex surface of the lower lobe of the lung and the costal pleura, and firm adhesions between the anterior edge of the lower lobe, the pericardium, and the diaphragm.

The right lung weighed thirty-two ounces. The posterior part of the fissure between its upper and lower lobes was congenitally incomplete.

The lower lobe of the right lung was hypostatically congested, and considerable portions, especially towards its base, were the seat of the broncho-pneumonia.

The bronchial tubes contained a considerable quantity of stringy muco-pus. Their mucous surface was reddened by catarrhal bronchitis.

The lung tissue was œdematous.

[A foot-note here says: "A part at least of this condition was doubtless due to the extravasation of the injection fluid used by the embalmer."]

The lung tissue contained no abscesses or infarctions.

On the left side, the lower lobe of the lung was bound, behind to the costal pleura, above to the upper lobe, and below to the diaphragm, by pretty firm pleuritic adhesions.

The left lung weighed twenty-seven ounces. The condition of its bronchial tubes, and of the lung tissue, was very nearly the same as on the right side, the chief difference being that the area of broncho-pneumonia in the lower lobe was much less extensive in the left lung than in the right.

In the lateral part of the lower lobe of the left lung, and about an inch from its pleural surface, there was a group of four minute areas of gray hepatization, each about one-eighth of an inch in diameter.

There were no infarctions, and no abscesses in any part of the lung tissue.

The surgeons assisting at the autopsy were unanimously of the opinion that, on reviewing the history of the case, in connection with the autopsy, it is quite evident that the different suppurating surfaces, and especially the fractured spongy tissue of the vertebra, furnish a sufficient explanation of the septic conditions which existed during life.

About an hour after the post-mortem examination was completed, the physicians named at the commencement of this report assembled for further consultation in an adjoining cottage. A brief outline of the results of the post-mortem examination was drawn up, signed by all the physicians and handed to Private-Secretary J. Stanley Brown, who was requested to furnish copies to the newspaper press.

D. W. BLISS.

J. K. BARNES.

J. J. WOODWARD.

ROBERT REYBURN.

D. S. LAMB.

N.B.—As the above report contains paragraphs detailing observations made at Washington on the pathological specimens preserved for that purpose, the names of Drs. F. H. Hamilton, D. Hayes Agnew, and A. H. Smith are not appended to it. It has, however, been submitted to them, and they have given their assent to the other portions of the report.

INSPECTION OF MILK AND DAIRIES IN NEW ZEALAND.—The following regulations, having reference to the above, has been gazetted as an Order-in-Council, under date of December 19:—Any Local Board of Health may, within its limits and jurisdiction, make regulations for all or any of the purposes specified in the first five subsections of the above recited section, subject nevertheless to the following conditions:—(a.) No one but a duly-qualified medical practitioner shall be appointed as an Inspector of Milk or Dairies. (b.) None of such regulations shall enable the sale of milk to be prohibited unless the Inspector of Milk or Dairies, or some other duly qualified medical practitioner, shall certify that the use of the milk, the sale of which is proposed to be prohibited, is likely to endanger the public health. (c.) That any such regulations so made may at any time be repealed by the Governor in Council.

REPORTS OF SOCIETIES.

PHARMACEUTICAL SOCIETY OF NEW SOUTH WALES.

Mr. Fred. Wright delivered his concluding lecture to the students of the Pharmaceutical Society on Tuesday evening, December 6th. Mr. A. J. Watt occupied the chair. The lecturer, after pointing out the characteristics of the tribasic acids and their salts, proceeded to review the past lectures. He had not attempted to teach them chemistry in the twelve hours spent in lecturing, but had rather pointed out the points of contact where science and shop converged. Much had been said rather to excite an interest, stimulate inquiry, and induce private reading, than to instruct in detail. This had had the desired effect in many cases. He recommended the students to study to know rather than to pass; and read an interesting letter from Professor Attfeld, showing the injurious effects of "cram" work upon the profession in England. After pointing out the great need of increased legislation for the protection of the public, Mr. Wright concluded by thanking those present for the regularity that had marked their attendance throughout the course. The meeting was brought to a close by the chairman, on behalf of the Board of Pharmacy, thanking the Technical College Committee for the use of the hall, and Mr. Wright for the able and satisfactory manner in which he had fulfilled his duties as their lecturer.

MEDICAL SOCIETY OF VICTORIA.

Melbourne, Wednesday, December 7th, 1881.

The ordinary monthly meeting was held in the society's hall on the above date, Mr. Hewlett, M.R.C.S., Vice-President, in the chair.

Nominations of office-bearers and of editors of the *Australian Medical Journal* for the ensuing year were received.

A paper by Mr. Jermy, L.R.C.S.I., "On the Medico-Legal Aspects of the Recent Shooting Case at Jung Jung" was read for the author by the President, Dr. Robertson. In the discussion which followed, the length and direction of the blood track was the chief point considered. Dr. Allen argued against the possibility of blood spouting from the wound of the heart and aorta to a distance of seven or eight yards, as it must have come from the auricles, which have only a slight propelling power, and in favour of the view that the man staggered that distance after receiving his death-wound. Dr. Robertson, who expressed his concurrence in the views of the author of the paper, thought the momentum of the body, when the man was shot, would be sufficient to carry it and the blood escaping from it the distance mentioned; while the curved course of the blood-track could be accounted for by the circumstance of only one stirrup being in use; this would tend to give the body a twist, and so scatter the blood in a curve. Dr. Robertson also put the query: What was the direction and force of the wind at the time of the occurrence? Dr. Webb cited instances of progression by animals after wounds of the heart and aorta. Dr. Williams thought the shock of a gunshot wound of the heart, as distinguished from cutting wounds, ought to cause speedy death, and prevent such actions.

Mr. Aubrey Bowen exhibited Javal's instrument for the detection and estimation of Astigmatism, and Gräfe's and other Optometers.

The exhibition of pathological specimens, which is an almost constant feature of the meetings of this Society, included the following:—

A specimen of Aortic Vegetations, with partial retroversion, shown by Dr. Williams.

Dr. Allen exhibited: (a) Specimens from a case of cancer, showing the disease in the os innominatum with spontaneous fracture; in the supra-renal capsules, but without bronzing of the skin; and in the stomach, which was greatly thickened. (b) Curious case in a woman suffering from D.T., of impaction of a table knife in the œsophagus. The knife had penetrated through the outer coats of the aorta, and was seen sheathed within its walls. (c) Phthisical Lung, with cavities, and showing circumscribed nodules of cheesy matter, hard, firm, and distinctly defined from, but adherent to, surrounding lung substance. (d) Loop of Intestine found lying free in abdominal cavity, after fatal injury, without any external wound in abdomen. (e) Gizzard-like cancer of stomach.

Mr. J. P. Ryan, in submitting the Report of the Sub-Committee, appointed to enquire into the working of the laws relating to Inveterate Drunkards, stated, that since the decision in the case of *Smith v. Iffa* it would be hopeless, at the present time, to expect the Legislature to amend any Act in the direction of curtailment of the liberty of the subject.

HOSPITAL INTELLIGENCE.

SYDNEY HOSPITAL.

The first meeting of the directors of the Sydney Hospital, under the new Act, was held in the board-room of the building, on Tuesday, January 3. The hon. Arthur Renwick, M.P., M.D., in the chair. As the new rules were not prepared, it was resolved that the institution should continue to be governed by the old rules until the former are framed and adopted. With regard to the vacancies at present existing upon the medical staff, it was agreed that the honorary medical board be asked to report on the subject, so that the matter might be considered at the next meeting. Some discussion in regard to the new by-laws took place, and it was resolved to have them printed and circulated amongst the members of the board before the special meeting was called to consider them.

MELBOURNE HOSPITAL.

At the weekly meeting of the committee of management of the Melbourne Hospital, held on Tuesday, December 27, leave of absence was granted for 14 days to Mr. T. M. Girdlestone, F.R.C.S.E., Hon. Ass. Surgeon. A letter was received from Dr. Robert Stewart, of the resident medical staff, stating that he had the offer of an appointment in a neighbouring colony, which he was desirous of accepting, if the committee would accept his resignation, which he begged to tender. Dr. Ernest Jackson had consented to act in his place until the return of the next annual election. The resignation was accepted. The Committee of the Hospital Sunday movement forwarded a cheque for £2315 13s. 7d. as the proportion allotted to the funds of the Melbourne Hospital. The cheque was acknowledged with the best thanks of the committee. The meeting then closed.

AUSTIN HOSPITAL FOR INCURABLES, MELBOURNE.

The Committee of Management of the above institution met at the Melbourne Town Hall on Wednesday, December 7th. The Hon. Treasurer reported that the bank's balance amounted to £5285 8s. 6d., and that the building was insured for £4000. A letter was received from the Secretary of the Lands, intimating that steps were being taken to obtain in favour of the trustees a Crown grant of the land upon which the hospital was erected. The architect, Mr. Johnson, wrote explaining that the cause of the damp coming through the roof and a portion of the gable ends of the building was not owing to the unfaithfulness of the work, but to its unfinished state at the time, and the heavy rains which prevailed.

INFIRMARY AND BENEVOLENT ASYLUM, GEELONG, VICTORIA.

A very exhaustive report on the above institution by Mr. H. T. Neal, Inspector of Charities, was laid on the table of the Legislative Assembly of Victoria, on Tuesday, December 20th. The management is spoken of as indifferent. The accounts are well kept, and apparently represent moderate expenditure. It is stated to be a matter of public notoriety that the institution has been in a state of disorganisation for some time past, and this is attributed to quarrels amongst the management, and its medical officers, Drs. Warren and Reid. The report contains suggestions for the reorganisation of the staff, and will probably be acted upon.

At the adjourned monthly meeting of the committee of the above institution, held on Friday, December 30, the Rev. Canon Chalmers, who stated that he was opposed to the office of senior surgeon, believing that it did not work well for the interests of the institution, and who wished to have the question considered in committee rather than at a meeting of subscribers, moved—"That with a view to the abolition of the office of senior surgeon the regulations of the hospital be referred to the sub-committee appointed to reconsider the by-laws, to make such alterations in them as may be necessary to that end."

Mr. W. J. Reid seconded the motion, which was carried.

GENERAL HOSPITAL, HOBART, TASMANIA.

Remaining on October 31st, 1881, 72 patients; admitted during month of November, 74; total, 146; discharged during the same period, 64; died, 6; total, 70; remaining on November 30th, 76 in-patients; number of new out-patients, 184.

GENERAL HOSPITAL, LAUNCESTON, TASMANIA.

Remaining on October 31st, 1881—51 patients; admitted during the month of November, 42; total, 93. Discharged during the same period, 39; died, 3; total, 42; number of in-patients remaining on November 30th, 51. Attendance of out-door patients during the month, 51.

Our next number will contain:—"Certificates of Lunacy: the *Smith v. Iffa* Case," by a Melbourne Practitioner; "Some Notes on Disinfectants," by Jas. Jamieson, M.D.; etc., etc.

NOTICES TO CORRESPONDENTS.

Articles, Letters, and all communications intended for publication, also Books for Review, to be addressed to "The Editor of The Australasian Medical Gazette, 35, Castlereagh-street, Sydney."

The Name and Address of the sender must accompany every communication, not necessarily for publication. Anonymous letters will not be noticed.

The Australasian Medical Gazette.

MONDAY, JANUARY 2, 1882.

FURTHER PROVISION TO PREVENT THE SPREAD OF SMALLPOX IN NEW SOUTH WALES.

WE congratulate the people and Legislature of New South Wales on the passage through Parliament of the "Act to make further provision to prevent the spread of smallpox." We look upon it as the embodiment of the best means next to an efficiently carried out compulsory vaccination act to stamp out the constantly encroaching insidious disease. The penalty for concealment of any case varies from not less than ten pounds to not more than fifty. This, at first glance, may seem excessive, but when we consider the importance of at once crushing the outbreak, and staying it before the epidemic becomes pronounced, it will be apparent that the most vigorous means alone should be used. The dreadful misfortune of an epidemic of smallpox, unchecked by sanitary precautions, is an event which the imagination may conceive, but which human nature may well shudder at. Since the first appearance of the complaint in Sydney about 33 per cent. of the persons attacked have died. The percentage of unprotected persons throughout New South Wales, where vaccination has been performed in a very irregular manner, must be high, and the danger increased in consequence. The efforts made originally by the Health Officer, and next by the first appointed Board of Health, have had the effect of reducing the number of those persons attacked to the very small amount of those who have already undergone the disease from the vast crowd which would have suffered and succumbed, had no preventive measures been put in force. Many of the public, and some of the profession were so depressed by the constant recurrence of fresh cases that they were inclined to despair, and indisposed to make further efforts to suppress the epidemic. The new Act, we trust, will have the desired effect, and had the Government, in following the recommendation of the N.S.W. Branch B.M.A., also passed a compulsory vaccination act we should have no doubt that the disease would soon have been eradicated. The opinions of two barristers on the subject of the Act, as taken from *Hansard*, is worthy of recapitulation. The first is that of Mr. BUCHANAN, who "was astonished" "that the Government should encourage the mania about smallpox; "the thing was perfectly ridiculous, and in the highest degree "laughable." The other is that of Mr. DARLEY, the acknowledged leader of the Bar, who said in his place in the House, when the debate was progressing: "Possibly there is no legislation so necessary as an Act providing for a proper and efficient Board of Health. "I hope the time is not far distant when we shall have a Public "Health Act." The Colony of New South Wales has been too long domineered over by unscientific pretenders to medical knowledge. These persons do not inaugurate useful measures themselves, but have sufficient oratorical power, and flow of words to carry weaker minds with them, and thus prevent useful measures becoming law. This eruption of smallpox has, however, caused those who, under the influence of these individuals, have been sleeping in fancied security to be awakened rather roughly and suddenly to the necessity for adequate sanitary measures. We hope, at the next meeting of Parliament a series of useful measures may be brought forward by the Government to deal with both sanitary and medical matters. We look forward for a Compulsory Vaccination Act, an Amended Medical Act, and a Public Health Act for New South Wales, and various measures for the preservation of the lives and health of the community in the other Australian colonies.

THE MONTH.

NEW SOUTH WALES.

THE foundation-stone of the Gunnedah Hospital was laid by Mr. J. P. Abbott, M.P., on Tuesday, the 22nd November, in the presence of a large gathering of the inhabitants of Gunnedah and the district. The usual ceremony was quickly got through, when the gentleman above-mentioned delivered a most appropriate address, at the close of which about £72 were placed upon the stone. It is estimated that the building, when completed and ready for use, will cost about £1250, of which £1045 are already raised, leaving about £200 more to be collected to open it free of debt.

THE Hospital at Temora has been closed in consequence of a patient having had erysipelas at the time of his death.

THE Sanatorium at Little Bay, near Sydney, has been proclaimed a smallpox hospital. Dr. J. A. Beattie, Medical Superintendent of the Quarantine Station, has been placed in charge of the same.

DR. HENRY PELHAM GORDON, late of Penshurst, Victoria, and of Ross, New Zealand, has succeeded to the practice of Dr. Duncan MacPhee, at Windsor, who has retired into private life.

DRS. J. C. COX and Chas. McKay have been elected directors of the Sydney Hospital, late Sydney Infirmary.

DR. J. E. J. MOFFITT, one of the resident medical officers of the Sydney Infirmary, has, we understand, sent in his resignation to the directors, it being his intention to devote his time to private practice.

THE first Pharmaceutical Examination of the N.S.W. Technical College was held, in Sydney, on the evenings of December 7th and 14th. Mr. Fred Wright and Mr. James Moore were the examiners. Seven candidates presented themselves, and on the whole the answers to the papers show satisfactory results. The lecturers' prize was awarded to Mr. Fred. Hall. Mr. A. Henry was recommended for the prize awarded by the College. The papers by Mr. R. Senior were highly commended.

MR. FRED WRIGHT, M.P.S., has been appointed Sydney correspondent of the *Chemist and Druggist*.

THE Sydney Infirmary receives students in the Dispensing Department.

THE Sisters of Charity in charge of St. Vincent's Hospital, Sydney, have, during the month, moved into their new residence. Additional beds will be provided, so as to secure accommodation for 100 patients. We understand steps are about to be taken to have attendance on the medical and surgical wards recognised as part of the curriculum required by the various licensing bodies at home.

NEW ZEALAND.

DR. W. E. HACON, the resident medical officer at the Sunnyside Lunatic Asylum, Christchurch, was so fortunate, on December 9, as to secure some lymph direct from a cow affected with cow-pock, with which lymph a calf was successfully vaccinated on the following day. At the same time there were at the asylum two calves vaccinated with lymph supplied by Dr. Benjafield, of Hobart, Tasmania, and one calf with lymph from Brussels, propagated in New Zealand. With reference to this matter, Dr. Hacon has received the following letter from the Colonial Secretary:—"Mr. Dick desires to tender you his thanks for the trouble you have taken in the matter, and to congratulate you on the success of the experiment, which has been entirely due to the energy and skill which you have brought to bear upon it."

DR. F. W. ARMITAGE, native medical officer for Tauranga, Prov. Auckland, has successfully vaccinated 215 Maoris within his district during the last two months.

THE leading Friendly Societies in Dunedin propose to establish a dispensary upon the co-operative principle.

DR. B. C. BEALE, of Hamilton East, Prov. Auckland, has unexpectedly come in for a legacy of some £3000 through the death of an unknown uncle at home.

DR. DUNCAN MACGREGOR, of Dunedin, N.Z., has been appointed a Fellow of the University of New Zealand.

DR. C. F. GOLDSBORO, Health Officer and Coroner, is about to take a holiday, after 20 years' practice in Auckland without intermission.

DR. J. MACKENZIE GORDON, late of Hay, N.S.W., and of Collins Street East, Melbourne, has commenced practice at Rangiora in conjunction with Dr. W. H. Ovenden, of Kaiapoi, Prov. Canterbury.

DR. W. H. GAZE, late of Norwood, S.A., has commenced practice at Papanui, a suburb five miles from Christchurch.

DR. CHAS. ED. GRAY, late of Yongala, S.A., has commenced practice at Christchurch.

DR. W. H. DE B. HOCTER, late of St. Kilda, Melbourne, and Dr. W. Lamb, late Assistant Surgeon of the Woogaroo Lunatic Asylum, Queensland, have settled in Dunedin.

QUEENSLAND.

DR. W. F. TAYLOR, an old practitioner of Warwick, having decided upon taking a trip to the old country, has sold his practice to Dr. A. O. H. Phillips, late of the Swansea General Hospital, who came out by the Sorata on her last voyage.

DR. PATRICK SMITH, late Medical Superintendent Woogaroo Lunatic Asylum, has commenced practice at Wickham terrace, Brisbane.

SOUTH AUSTRALIA.

DR. F. H. WRIGLEY, prior to his departure from Port Wakefield, was presented, on November 25, by the benefit societies and his other patients, with a very flattering address, and handsome piece of plate, consisting of claret jug, side ornaments, and emu egg, valued at 60 guineas. About 50 gentlemen witnessed the presentation, and Dr. Wrigley having replied in suitable terms, proposed the health of his successor, Dr. Haden, which toast was well received.

A HOSPITAL has been established at Narracoorte. The Committee of Management have decided to appoint a visiting surgeon at £140 per annum, a matron at £52, a resident secretary at £52, a collector at £50, a married couple at £75, and a wardman at £52.

DR. W. FEATHERSONHAUGH, late of Koolunga, has commenced practice at Caltowie, a township 148 miles north of Adelaide.

A PUBLIC dinner was given at Jamestown on Wednesday, December 21st, to Dr. J. A. Cockburn, who has just retired from the mayoralty.

DR. ROBERT GETHING, of Port Adelaide, and Dr. Edward C. Haden, of Port Wakefield, have been appointed Justices of the Peace.

DR. J. W. FLOOD has been elected Mayor for Yorketown.

DR. E. W. WAY, of Adelaide, has been re-elected a Member of the Council of the Adelaide University.

DR. J. D. THOMAS, of Adelaide, is busily engaged in prosecuting researches in order to substantiate his theory that the prevalence of the hydatid disease in human beings and the lower animals is proportionate to the number of dogs kept by the community. Dr. Thomas has received every assistance from the Governments of South Australia and Victoria, and a request has been made to all shire councils in these colonies to furnish Dr. Thomas with a return of the number of dogs registered, the number destroyed, and the breed of dogs preponderating in the district.

TASMANIA.

THE residents of Heemskirk contemplate to hold a public meeting for the purpose of discussing the advisability of offering inducements to a medical man to settle in their district.

DRS. J. A. HARDY, of Launceston, and G. F. Huston, of New Norfolk, have resigned their appointments as Public Vaccinators. Dr. Hardy has also announced his intention of resigning his appointment as Honorary Medical Officer to the Launceston General Hospital.

VICTORIA.

THE Chief Secretary of Victoria stated in the Legislative Assembly on Tuesday, December 13th that the Central Board of Health would be prepared for an outbreak of small-pox. Temporary hospitals for the isolation of patients have been secured in various parts of the colony.

THE annual fête at Clunes, in aid of the local hospital took place on Wednesday, December 7th.

THE action Smith v. Dr. Forster, of Emerald Hill, in which the defendant was charged with having, in conjunction with Dr. Iffla, wrongfully signed a certificate declaring plaintiff to be insane, has been settled on payment of £300 by Dr. Forster to Mr. Smith.

DR. E. HINCHCLIFF, of Sandhurst, we regret to learn, is seriously ill from typhoid fever.

DR. THOMAS ANDERSON, of Camperdown, has been appointed a Justice of the Peace within the Southern Bailiwick.

AT the ordinary monthly meeting of the Royal Society of Victoria, on Thursday, December 8th, Dr. P. H. MacGillivray, of Sandhurst, read a paper descriptive of new and little known polyzoa found in the Australian colonies; the specimens were exhibited at the close of the meeting, and excited a great deal of interest.

DR. JOHN LINDSAY MILLER, of 155 Collins Street East, Melbourne, died on the 19th December. Dr. Miller practised for upwards of twenty years at Launceston, Tasmania, and had lately returned from a long visit to the old country. He was the author of several interesting papers, principally on gynaecological subjects. He was only fifty-one years of age.

THE medical expenses in connection with the Jolimont railway accident, near Melbourne, amount to about £1000, of which one gentleman claims £400.

MR. J. T. RUDALL and Dr. John Fulton, Melbourne practitioners, who have been on a visit to the old country, have returned by the mail just arrived.

DR. T. HORA, of Carlton, lost a diamond ring, valued at £50, somewhere in Melbourne, during Boxing Day.

IN consequence of Dr. Allen's appointment as Lecturer on Anatomy and Pathology at the Melbourne University, Dr. Halford's duties are now limited to the lectures on Physiology.

DR. W. BONE, of Castlemaine, has been appointed a Justice of the Peace.

THE annual fête in aid of the Amherst Hospital took place on Monday, December 26th. The gross takings amounted to £220.

M. STRICKLAND, Coroner for Sandhurst, has come near losing his life from septicæmia, in consequence of a scratch he received in the wrist while assisting Dr. Hinchcliffe to make a post-mortem examination.

AT the last meeting of the General Committee of the Geelong Hospital the salary of the Resident Surgeon was raised from £300 to £350 per annum.

M. D. B. REID, M.R.C.S. Eng., has been removed from the position of Senior Surgeon of the Geelong Hospital.

DR. J. W. SPRINGTHORPE, a graduate of 1879 of the University of Melbourne, has just passed the examination for the membership of the Royal College of Physicians of London.

ON Wednesday, December 28th, nine pupils, belonging to the Training School for Nurses at the Alfred Hospital, Melbourne, passed their final examination for the certificate of competency. The examiners were Drs. Henry and Hardy.

MEDICAL APPOINTMENTS.

Allen, Harry Brookes, M.B. Melb., elected Lecturer on Anatomy and Pathology, Melbourne University.
 Andrew, John Edward, M.R.C.S.E., L.R.C.P. Edin., L.S.A. Lond., to be Public Vaccinator for Clunes, Vic., vice Dr. S. Z. Woinarski, resigned.
 Bennett, Arthur, M.D., Aberd., L.R.C.P., Lond., M.R.C.S.E., M.B. et Ch. M., Aberd., L.S.A., Lond., to be Public Vaccinator for Stawell, Vic.
 Bird, Samuel Dougan, M.D., St. And. et Melb., L.R.C.P., Lond., M.R.C.S.E., L.S.A., Lond., appointed Lecturer on the Theory and Practice of Medicine at the Melbourne University for the year 1882, vice Dr. J. Robertson resigned.
 Blaxland, Herbert, M.R.C.S.E., L.R.C.P.L., Ass. Med. Supt. Tarban Creek Lunatic Asylum, Gladsville, to be Medical Superintendent Callan Park Hospital for Insane, Parr-matta, N.S.W.
 Eastwood, F. H., M.B. et Ch. B., late of Colac, appointed Resident Medical Officer of the Lunatic Asylum, Beechworth, Vic.
 Fortescue, George, M.B. Lond., M.R.C.S.E., of Sydney, to be a member of the New South Wales Board of Health.
 Friedman, Henry, M.B. et Ch. B. Melbourne, appointed Assistant Resident Surgeon Bendigo District Hospital, Sandhurst, Victoria.
 Gething, Robert, M.D. Ed., M.R.C.S.E., L.S.A.L., of Port Adelaide, to act as Medical Officer to attend to the destitute poor and aborigines within the districts of Queenstown, Alberton, Birkenhead, Glanville, Le Ferre's Peninsula, Portland Estate, and Rosewater, S.A.
 Griffiths, James, to be Public Vaccinator for the district of Waimate South, N.Z.
 Hyde, John Galbraith, M.B. et L.R.C.P., Edin., to be Public Vaccinator for the district of Blackstone, N.Z.
 MacLaurin, Henry Norman, M.D. et L.R.C.S. Edin., of Sydney, to be a member of the New South Wales Board of Health.
 O'Leary, Morgan Phillip, M.R.C.S.E., L.K.L.C.P. Irel., to take charge of the South Australian Quarantine Station, at £5 ss. per diem.
 Prentice, Charles, M.R.C.S.E., L.S.A. London, Brisbane, to be a member of the Queensland Medical Board.
 Richards, George Pickering, L.R.C.P. to be Public Vaccinator for the district of Inglewood, N.Z.
 Robinson, Rawdon B., L.R.C.P. et R.C.S., Edin., appointed House Surgeon to Christchurch Hospital, N.Z.
 Read, George, L.R.C.S. Ireland, to be additional Vaccinator for the District of Tamworth, New South Wales.
 Thompson, Lavington Grey, M.B. et Ch.M. Aberdeen, L.R.C.P. et R.C.S. Edin., 1879, to be House Surgeon to the General Hospital, Launceston, Tasmania, vice Dr. C. A. Stewart.
 Webb, Edward Robert, M.R.C.S.E., of Ipswich, appointed Surgeon in the Queensland Volunteer Force.
 Williams, John, M.D. Edin., et Melb., M.R.C.S.E., elected Lecturer on Materia Medica and Therapeutics, Melbourne University, in place of Dr. S. D. Bird.

At the "capping" of the University of Edinburgh, held on the 1st of August last the undermentioned Australians received the following degrees—A. M. Oram, M.D.; D. Bruce, M.B., C.M.; J. W. Cox, M.B., C.M.; J. L. Gibson, M.B., C.M.; L. R. Huxtable, M.B., C.M.; C. Low, M.B., C.M.; G. J. Renwick, M.B., C.M.; J. Sorley, M.B., C.M.; M. B. Thomson, M.B., C.M.; and J. B. Luke, M.B., C.M.

PROCEEDINGS OF COLONIAL MEDICAL BOARDS.

The following gentlemen having presented their diplomas, were duly registered as Legally Qualified Medical Practitioners by the respective Boards:—

NEW SOUTH WALES.

Bassett, William Frederick Prichard, M.B. et C.M., Edin., 1880; M.R.C.S., Eng., 1881.
Cutfield, Arthur, L.S.A., Lond., 1880; M.R.Coll. S., Eng., 1880.
Gordon, Henry Pelham, Windsor, M.R.Coll. Surg., Eng., 1866.
Griffiths, Ernest Edward, L.R.C.P., Edin., 1881; L.S.A., Lond., 1881; M.R.C.S., Eng., 1880.
Mackintosh, Alexander, M.B. et Ch.M., Glasg., 1874.
Norrie, Andrew, M.B. et Ch.M., 1878; M.D., 1881, Aberd.
Sinclair, Henry, M.D. et Ch.M., Queen's Univ., Irel., 1881.
Wrigley, Frederick Hamilton, L.A.H., Dub., 1876; L.R.C.S., Edin., 1877.
For additional registration—
Michael Joseph Clune, M.K.Q.C.P., Irel., 1881.

NEW ZEALAND.

Gase, William Henry, Papanui (Pro. Canterbury), L.R.C.P. Lond. et M.R.C.S.E., 1878, L.S.A. Lond. 1877; M.D. Brus. 1878.
Gray, Charles Edward, Christchurch, M.B. et Ch.M., 1869; M.D., 1875, Trin. Coll. Dub.
Hector, William Henry de Burgh, Dunedin, L.R.C.S. Ire. 1877; M.B. Melb.
Lamb, William, Dunedin, M.B. et C.M. Edin., 1875.
Robinson, Rawdon B., Hospital Christchurch, L.R.C.P. et R.C.S., Edin., 1868.

QUEENSLAND.

Phillips, Arthur Owen Henry, M.D., Warwick.

TASMANIA.

Law, Edward, M.R.C.S.E., 1877; M.B. et Ch.M. Edin., 1877; M.D., Edin., 1880.
Russell, George Hannah, M.B. London et M.R.C.S.E. 1879.

VICTORIA.

Adam, Alexander, Colac, M.B. et Ch.M., Glasg., 1880.
Anderson, Eugene Wilton, St. Kilda, M.B., Melb., 1881.
Rage, Charles, St. Kilda, M.B. et Ch.B., Melb., 1881.
Barrett, James William, Emerald Hill, M.B., Melb., 1881.
Cheetham, Francis, Melbourne, L. et L. Mid., R.C.P., Edin., 1881.
Jackson, Ernest Sandford, Carlton, M.B. et Ch.B., Melb., 1881.
Loughrey, Thomas, Richmond, M.B., Melb., 1881.
McGwire, William Walter, Carlton, M.B. et Ch.B., Melb., 1881.
Mullen, John Nelson, South Yarra, M.B. et Ch.B., Melb., 1881.
Muskett, Philip Edward, Fitzroy, L. et L. Mid.; R.C.S. et R.C.P., Edin., 1880.
Ryan, Timothy Bernard, Fitzroy, M.B., Melb., 1881.
Syme, George Adlington, Brighton, M.B., Melb., 1881.

PUBLIC HEALTH.

SOME cases of varicella and scarlet fever have been reported at Albury, N.S.W.

MEASLES are prevalent at Emerald and Springsure, Queensland; also in the Ashburton district, Canterbury Province, New Zealand.

DIPHTHERIA has broken out at Campbelltown, Tasmania. Three children in one family died from this cause within four days.

DURING the quarter ending September 30th, 171 cases of infectious diseases were reported to the Board of Health for the Christchurch district. The total comprises 43 cases of typhoid fever, 14 of diphtheria, 2 of scarlet fever, and 112 of measles. The numbers reported for the corresponding period of 1880 were—typhoid fever, 16; diphtheria, 12; and scarlet fever, 14.

DYSENTERY and low fever have made their appearance at the Mount Browne diggings, near Wilcannia, N.S.W., owing to the combined effects of bad water, want of vegetables, and sudden excessive heat.

ENGLISH Cholera in a mild form has broken out at Allora, Queensland. One death has taken place.

A CASE of smallpox has occurred at Bega, N.S.W., a township 255 miles south of Sydney. It is supposed that a relative of the patient, only recently returned from Sydney, where she resided next to an infected house, carried the infection to the district.

SCARLET fever is very prevalent at Dunedin, N.Z., and at Wagga Wagga, N.S.W.

SCARLATINA in a mild form has made its appearance at Harrisville, Auckland Province, New Zealand.

TYPHOID fever is spreading at Port Augusta, South Australia.

WHOOPIING cough has appeared in an almost epidemic form at Windermere and Trunk Lead, Victoria. One fatal case has occurred.

SCARLATINA is very prevalent at Ross Creek, near Smythesdale, Victoria, also in the town and neighbourhood of Port Pirie, S.A.

A THROAT disease, supposed to be diphtheria, in a virulent form has appeared at Merino, Victoria. Three members of a family were dangerously ill. The Government has instructed Dr. Chas. Smith, the Health Officer at Casterton, to investigate and report.

DIPHTHERIA is very prevalent in the town and neighbourhood of Hokitika, on the west coast of the Middle Island, N.Z. Four children of one family died at Kanieri from this disease.

GLEANINGS FROM THE JOURNALS.

THE *Philadelphia Medical Times* for October, opens with a communication, on the surgical treatment of nasal catarrh, by Dr. Carl Seiler. After indicating the term "nasal catarrh" to mean "a more or less chronic inflammatory condition of the mucous membrane lining the nasal cavities," the writer points out that the mucous membrane lining the turbinated bones is analogous to true erectile tissue which will enlarge to many times its original bulk.

The nasal catarrh may be divided into three stages:—1. congestive, 2. hypertrophic, 3. atrophic. Patients usually apply for relief in the second stage. In the third stage there is a general wasting of the mucous membrane, and the submucous tissue having atrophied there is a want of secretion and a consequent accumulation of scabs, which putrifying, cause the foul odour of the breath and may even lead to ulceration of the mucous membrane. As the second stage is that most amenable to treatment it is well to point out some of the conditions that obtain. The erectile tissue which covers the turbinated bones through repeated attacks of acute inflammation, becomes thickened and its elements hypertrophied, thus producing a partial or complete stenosis. Any influence which increases the blood pressure in the head causes these swellings to become enlarged. The symptoms caused by these conditions are a copious secretion of thick,ropy mucus, which accumulates on the posterior nares and descends into the naso-pharynx, causing a feeling of fulness relieved only by hawking. An extension of the inflammation into the frontal sinuses frequently causes headache of a neuralgic form, and if into the Eustachian tube tinnitus aurium and deafness result. A closure of the anterior nares in this manner will cause cold air to be respired through the mouth, frequently inducing a train of symptoms remote from the cause. Thus dryness of the fauces, chronic laryngitis, oppression of the breathing, and general impairment of the health may result.

The employment of caustics by way of treatment of these hypertrophies is to be condemned on the ground that they are unsatisfactory and the action of the agent employed cannot always be controlled.

By using sharp or dull forceps to tear-out, crush, or cut off the swellings, great pain and sometimes copious hæmorrhage are caused.

To obviate these latter risks, Dr. Seiler uses either a galvanocautery or a Jarvis's wire snare. He recommends that the knife of the galvano-cautery should be at a cherry heat remarking that if the heat be greater, considerable bleeding will result and if not at that temperature great pain is caused by the incision.

If the hypertrophies be large or situated in the posterior nares a Jarvis's snare is to be preferred.

Dr. Louis Starr describes some interesting cases of "bronchial catarrh, accompanied by spasmodic cough and epigastric pain, occurring in children." The little patients were seized at regular intervals with spasmodic cough, causing flushing of the face and puffing of the eyelids, indeed the only things wanting to complete a perfect picture of pertussis were the "kinks" and the expectoration of a mass of tenaceous viscid mucus. One patient had whooping-cough some time before. The epigastric soreness was aggravated by the coughing. This pain was evidently partly due to the attacks of coughing and partly to gastric catarrh. The treatment consisted in subduing the paroxysms of coughing by either Belladonna or Potass Bromide, and using alkalies for the gastric catarrh.

Dr. Féréol employs the ammonio-sulphate of copper in stubborn neuralgia. The disagreeable taste is disguised by administering it between bread wafers. R. Cupri Ammonio-sulph., ʒgr.; Bismuthi Subnit., 4 gr. M: ft. pulv.

Dr. Bollinger concludes that the milk from a cow may possibly be the means of communicating tuberculosis to man. He nourished some young pigs with milk from a tuberculous cow, and, on post mortem examination, all, with one exception, exhibited pulmonary tuberculosis. In the solitary exception, the milk had been boiled prior to administration.

Dr. James Blake, in the *Scientific American*, observes that "salts of the same isomorphous group produce an intensity of physiological action in proportion to their atomic weights." For example, the action of gold compounds was surprising. In minute doses it kept the action of the heart up for several hours after death.

A new and cheap disinfectant is given in the *Progress of Science*. Dissolve half a drachm of nitrate of lead in a pint of boiling water; also two drachms of common salt in a bucket of water; pour the two solutions together; allow the sediment to precipitate, and the clear supernatant fluid will be a chloride of lead. This will deodorise and disinfect sinks, water-closets, or drains, and a cloth dipped into it will sweeten a fœtid atmosphere.

ASSOCIATION INTELLIGENCE.

VICTORIAN BRANCH: MONTHLY MEETING.

Melbourne, Wednesday, December 14th, 1881.

J. E. NEILD, M.D., President, in the Chair.

The minutes of previous meeting were read and confirmed.

Dr. Louis Henry reported sending a letter of condolence to Mrs. Moffitt, also that the Council had considered the amended Medical Act, and had resolved to confer with the Committee of the Medical Society on this subject, so as to ensure the full representation of the medical profession when placing this matter before Parliament. He then read the Report of the Council on the question of inadequate remuneration to medical men in police and other Government cases, as follows:—

"Your Council have the honour to report upon the subject of the insufficient remuneration to medical men in police and other Government cases.

"They find as the result of their inquiries the following:—

"I. Persons requiring examination or treatment are frequently brought by the police to medical men, and when application is subsequently made for payment for such services it is refused, on the ground that, as these examinations are only preliminary to police-court investigations, the fee for attendance as witnesses is to be understood to cover the cost of the whole service rendered. We find that cases of this kind do not invariably become the subject of police-court investigations, but even on the assumption that they do, there is no reason why the usual fee should not be paid, and we are of opinion, therefore, that constables should be authorised to pay such fees as are reasonably due whenever they have obtained the services of a medical man.

"II. The mode of payment for lunacy certificates is, apparently, not regulated by any uniform method. The amount of the fee, twenty-one shillings, is too small, considering the responsibility involved. Payment is refused, unless the certificate declares the person examined to be insane. A premium is thus offered to carelessness or unscrupulousness."

"III. The fee of one pound per diem for attendance in the law courts is too small, as it is frequently obligatory upon the witness to remain in or about the court during the whole of a trial, the result to him being very often a serious waste of time and a loss of money. For it is not always possible for a medical man to depute his work to others. The allowance of only one shilling per mile for travelling expenses in connection with attendance in courts is, in nearly all cases, disproportionate to the actual loss incurred.

"IV. In civil cases medical men have no reliable security that their expenses will be paid. And even where solicitors guarantee their payment, the amount may be, and, as a matter of fact, often is, greatly reduced by the taxing officer.

"V. Medical men are occasionally consulted by the Crown Prosecutor in cases where the action to be taken depends considerably, or even wholly, upon the medical evidence. Although the opinions furnished to the queries submitted by the Crown Prosecutor are not seldom of great moment, no fees are paid for them as a rule."

Mr. Gillbee proposed, seconded by Dr. Henry, that the consideration of this report should be dealt with at the same time as that of the Medical Amended Act, and in conference with the Committee of the Medical Society.

Dr. Adam then read his paper "On a Case of Hæmatemesis Neonatorum," as follows:—

"The case recorded below is chiefly interesting on account of its rarity.

"On July 15th, of the present year, Mrs. W. was confined of a female child. Regarding the labour there is nothing special to note, everything passing off satisfactorily.

"In the course of the evening of the fourth day after delivery, I was sent for to see the infant, and to my great astonishment, and I may add dismay, I found the child had been vomiting large quantities of blood.

"Prior to this visit the infant was drowsy and disinclined to take the breast, but otherwise appeared healthy.

"I examined the mother's nipples, but they were quite intact, and, indeed, the quantity of blood the infant vomited was sufficient to negative any suspicion of it coming from the mother's breasts.

"At intervals the child had attacks of retching, ending with—and I am not exaggerating when I say—actually a gush of blood, after which the little patient would lie pallid and exhausted.

"The vomited materials consisted at first of a mixture of partially digested milk, bloody mucous, and blood clot; latterly the vomit seemed to be nearly all blood.

"The stools at the beginning of the illness were of the ordinary appearance observed in an infant of that age, but on the second day they assumed a dark color, evidently due to the downward passage of blood.

"This state of affairs continued, with varying severity, for three days, and the little patient died on the sixth day after delivery in convulsions.

"No post-mortem examination was allowed.

"The treatment consisted in trying to allay the vomiting by cold compresses applied to the region of the stomach, and the administration of Bismuth; and to stop the hæmorrhage by gallic acid and small doses of Pulv. Ipecac. Co.; nutritive enemata were also given.

"I have named this disease, in contradistinction to a similar disease, Intestinal Hæmorrhage, because the hæmatemesis predominated; and, indeed, the stomach appeared to be the sole seat of lesion, for the melina was never great, and no pure blood was passed per rectum. Regarding the pathology of this disease I must confess total ignorance.

"By what I can gather from various authorities (the literature on the subject is very meagre) it appears that the disease usually sets in between the first and sixth day after birth. The patient is lethargic, not unfrequently convulsed; has spasmodic respiration, tympanitis, great prostration, and vomits or passes per anum large quantities of blood.

"An analysis of cases, collected by Dr. Rahn-Escher, showed that a large proportion died. 'Those that recovered remained thin and anæmic, affected with diarrhoea or constipation, and subject to convulsions.' 'One afterwards developed symptoms of rachitis; and another sank from tabes mesenterica and hydrocephalus at the age of twelve months'.

"The inability to obtain any examination of the body deprives us of any definite pathological conclusions, but I would suggest the following points as worthy of consideration:—1. The difficulty with which respiration is established, reacting on the already engorged intestines and stomach—(Rilliet). This appears fallacious, on the ground that any expansion of the lungs must tend to relieve the engorged intestines, and that any attempt at respiration helps to expand the air vesicles. 2. An abnormal arrangement of the blood-vessels, probably a perpetuation of a foetal condition. 3. The so-called hæmorrhagic diathesis.

"This appears to me, in the absence of any positive information, to be a very possible cause. For, to have this peculiar condition, there must be some disease of the walls of the vessels, whether discernable or not. Possibly this diseased state may be an early exhibition of a strumous constitution, for if we look back to Rahn-Escher's statistics we find all the survivors pale, weak and subject to convulsions, some rickety, others have tabes mesenterica and hydrocephalus."

In the discussion which ensued, Dr. Jamieson did not think the case came under the head of hæmorrhagic diathesis. Probably it was some clotting back of the portal vessels, and a consequent congestion of the stomach. The main body of the blood had passed per os, the next per anum; or it might be a case of intussusception, and a passing up of blood into the stomach. Most probably, however, it was a case of thrombosis.

Dr. Lucas now read his paper on "The Lunacy Question in its Public and Medical Bearings, with special reference to the recent case of Smith v. Iffa."

"With reference to the case, Smith v. Iffa, I would ask how any jury could determine whether or not, at a previous period of time, the plaintiff Smith was a monomaniac; and if they could not determine that point how could they condemn Dr. Iffa for forming and adhering to an opinion that his patient was a monomaniac.

"In filling up a form of lunacy a medical man has to testify: 1st. To facts indicating the same as observed by himself. 2nd. To facts corroborating and supplementing these as learnt from other people.

"Dr. Iffa asserts, and his evidence was not challenged except by Smith, that upon examination: (1.) He found the man excitable; (2.) that he made ludicrous and absurd charges with a vehemence which proved that he really believed them to be true; (3.) that he would not sanely argue, but defiantly and independently adhered with the greater tenacity to his ideas in the face of opposition; (4.) that he used most disgusting language, not exercising reason as a sane man in modifying his tone, and regulating his conversation; (5.) lastly, that impatient of restraint he impolitely and hurriedly left the room. The doctor further states that he heard from other people—Mrs. Smith, Miss I.—, Messrs. Lindsey, Stewart, and Sergeant Bailey—(1.) That the man was at times very violent, and had become a terror to his wife and family;

(2.) that his conversation was imprudent and irrational, striking as it did, without weighing the consequences, at the reputation and characters of a number of people; (3.) that his mind was for ever strung to high tension in the absorbing topic—jealousy of his wife; (4.) that he frequently drank to excess, at which times he was much worse; (5.) that he had no cause or foundation for jealousy, therefore all his beliefs were delusions and fancies; (6.) that his language, unrestrained by reason and unprotected by decency, was simply most disgusting and revolting; (7.) that he would not argue rationally, but was impatient of restraint, and defiant of contradiction; (8.) that he stood by the hour at a time watching to see signs between Strugnell and his wife; (9.) that he annoyed people, stopping them in the streets, and telling them his troubles. Dr. Iflla further informs us, and his testimony was unchallenged, that he took special care to see these several parties, and to really learn from them the facts of the case, and that he found one and all confirming his opinion.

"In giving a certificate of lunacy four to six arguments or reasons are sufficient, but in this case, according to the evidence given, Dr. Iflla's certificate was founded on 18 primary and secondary counts.

"And yet, while Dr. Iflla obtained 18 counts upon which to base his action—18 as proved in the evidence given at the trial—how can he be found guilty of carelessness or guilt of exceeding his duty as a medical and public man? I am not speaking of Dr. Iflla's capacity as a skilful medical man, or otherwise, but to the fact that he was acting according to his belief to the requirements of the law. The jury were not to try whether the doctor was skilful or otherwise, but whether he did his duty, or carelessly neglected it in this case; and although he gets together 18 counts, whereon he bases his action, his reward is £500 damages.

"The nine counts, as given by Dr. Iflla, are unchallenged excepting by Smith himself, who appears to deny them *in toto*.

"Now, this aspect places us directly and indirectly on the horns of a dilemma.

"The counts certified to by the doctor are true or they are false.

(a.) "If not true, then the doctor was a party to a most heinous plot, perjurying himself most freely, to the depriving a patient of his liberty; and if the jury believed this, why did they not convict him of the same. On the other hand, as the doctor was fully exonerated from such act, the jury must have reviewed his certificate as based upon those same counts; and based upon such strong foundations, how could they possibly justly charge him with neglect. If the doctor's account be correct, then Smith, who denies it *in toto*, must be either honestly recording his conviction, or he must have been the schemer of a clever plot—the feigning madness for a season; the allowing himself to be shut up in an asylum, and on his release the instituting actions for damages; and the perjurying his former actions and statements.

(b.) "It is a most incredible story, and entirely contrary to all the evidence, to believe that he hatched such a plot alone, or in conjunction with others, for the gaining of damages, and he must have done so if he wilfully perjured himself in his evidence, first before a judge, and afterwards before a jury.

(c.) "If he swore before judge and jury what he conscientiously believed to be the truth, and he there stated that he never suspected anyone, excepting the two butchers, then, according to the evidence of doctors and a number of witnesses, he must have completely forgotten all the circumstances connected with his suspicion of other parties—Lindsey, Stewart, Potter and others. And granted that he really believed at that time that his wife carried on with everyone in such manner as he asserted; and granted further, that at the trial he rejected all such beliefs as nonsense, and, as he believed, never entertained by himself, then, according to medical evidence, such undoubtedly proves him to have been during the period of such beliefs (the said beliefs now proved, and known to himself, to be delusions) a monomaniac.

(d.) "By the evidence of Sergeant Bailey, an officer of great experience, and above suspicion, and corroborated by a number of other witnesses, Smith did most assuredly declare that his wife was carrying on so with a number of parties other than the butchers. This again places all these witnesses and Smith in opposition, so that if Smith's evidence at the trial were true, that he never suspected any excepting the butchers, then all these witnesses become liars, and are guilty of perjury and conspiring to wrongfully place in confinement one of Her Majesty's subjects.

"Again, was Dr. Iflla deceived in the nine counts as observed by himself? Had Smith true grounds for jealousy?

"The doctor tells us he noticed great excitement; but then, if a man have true cause for suspicion of this kind he would naturally be excited; but he further noticed that the man told with a kind of gusto how he cleverly and unexpectedly confirmed his previous suspicions by actual demonstration, and how he calmly refrained from interference. He also noticed that, although violent in demonstration and intemperate in language, Smith spoke with the greatest calmness and assurance when referring to what he stated he had actually seen; and he tells us that, in his opinion, such could never have been the action of a sane man; and presuming him sane, until he had convinced himself otherwise, he argued with him, and shewed him that such occurrences could not have taken place in public and open daylight, and that he himself—if he had really witnessed such outrageous defiances of decency—would have been the last man to have looked on calmly, and said or done nothing. Now, is it possible for a man to be a stoic at moments of such severe ordeal, and especially when he had shown himself so excitable and ungovernable upon mere suspicion. And if such could be actually possible, and actually was, does not all the evidence go to prove that Dr. Iflla really believed that his patient was a monomaniac on this ground, and that any other medical man under like circumstances might have viewed the matter in the same light? And if this judgment were a mistaken one, why should it incur a penalty of £500?

"While the doctor might have believed that there might have been grounds for

jealousy—if Smith really did see any impropriety with Strugnell—and while he says he believed it absurd under the circumstances and conditions mentioned, yet that belief would not have justified him in certifying, either one way or the other, as to his patient's sanity, inasmuch as he could not prove the correctness or otherwise, to any extent, of the alleged impropriety; but when the patient accused a number of men, and some whom he could not name, and could give no circumstantial nor corroborative evidence, and while the charges were so wild and irrational, at any time and everywhere, that his wife was carrying on with men to such an extent as to drive all customers from the shop, then the whole had upon it the stamp of absurdity, and no sane man could pronounce such wholesale preposterous charges as other than delusions, and a man suffering from such delusions was, to all intents and purposes, according to medical evidence, a monomaniac.

"Again, supposing the man was a monomaniac, was he dangerous, and was it necessary to place him in confinement? and how far was Dr. Iflla responsible for action in this direction?

"1st. When a person is pronounced to be a lunatic it is not necessary for removal to the asylum that he must be pronounced to be dangerous. If he is a lunatic that is sufficient, according to the law, for his lodgment in an asylum; and this is rational. An asylum is not designed as a prison house for the custody and removal from all civilized society of the insane, but as a hospital and sanatorium for all such cases, and where by expert and skilled treatment as many cures as possible may be effected.

"The dangerous, suicidal or destructive tendencies are only factors in the case, often potent in determining whether a patient shall be treated privately at home, or whether it would not be wiser, or absolutely indispensable, that he be removed to an asylum, on account of advantages in nursing, caring and treating. In this case Dr. Iflla judged that the patient was dangerous. Was he justified in so judging?

"1st. He was assured by Sergeant Bailey that there would be murder unless Smith were removed.

"2nd. He was assured by Lindsey that Smith had ill-treated and threatened his wife in his presence.

"3rd. Mrs. Smith also confirmed this, and further said she was in fear of her life.

"4th. Smith allowed to Dr. Iflla that what his wife said was true, and added that she had brought it on herself by her bad ways. She is a bad woman.

"5th. A monomaniac from jealousy is extremely likely to be dangerous.

"Now, with all these facts, would any medical man, magistrate or judge, a stranger to the family, and not before cognizant of the matrimonial quarrels or grievances, have judged other than Dr. Iflla did? And if Mrs. Smith, through annoyance, or for any other reason, did at all exaggerate; and if the neighbours, annoyed by Smith's slanders, should have made matters appear as bad as possible, was Dr. Iflla responsible for such? The law authorizes the medical man, and the certificate forms generally have a column specially printed to enable him to note circumstances as stated by other people. Since then the doctor gave evidence at his trial, that in consequence of what he himself noted, and in consequence of what he learned from others he signed the certificate of lunacy. Why should he be blamed, and so severely mulcted in costs and damages?

"Again, would a madman—mad on that one point—have acted as he said to the doctor that he did? If he really saw the consummation of what he had so long suspected, a suspicion which was ruining him, and making him unhappy, and, we presume, driving him to drink, would he not, when he saw his suspicions confirmed, have rushed furiously at him who was the cause of his ruin and unhappiness?

"And if he were not mad but only jealous, would he not equally certainly have rushed at his foe, or at all events raised an alarm, and at once turned his wife from his door; and if perfectly sane, would he not have kept his own counsel, have laid traps, and placed detectives or friends to have proved and made tangible his wife's unfaithfulness. On the contrary, he never appears to have thought of such a thing, and could not on the trial bring up a single witness or proof corroborating his assertions or suspicions. And, as the doctor chiefly judged of the state of mind from these circumstances, would not the public have rightly held the doctor incompetent or insane if he had judged a man under such circumstances sane?

"In speaking of the many whom he suspected, the whole story gives the idea of a coined story to fit or accord with a particular phantom, which was fully impressed on his brain; and looked at in face of all the evidence, was it likely that any woman, elderly, ordinary-looking, married, and maternal, should criminally commit herself with so many; or, if even she did, yet so openly as to destroy the business, and for no one to see it or know it excepting Smith. The thing itself is an absurdity, for how could it destroy the business if the evil were not publicly known; and yet Smith affirms such contradictory statements. And how does he arrive at his conclusion? probably by framing a story to fit in with his conscious belief—that his wife was making these men to declare that he suspected them.

"Looking at the matter broadly, do we not see in his special tendency to acuteness in any one direction a maniacal symptom? Is not the excitement and the childish intelligence accompanying, also conclusive of contracted mental power? Is not the scheming, as shown in his pre-determined plottings, to extract money, to make his wife contradict her own evidence, and, in a word, to look small, and his glorying threat, also proof of mental irritability and contractedness?

"After Smith returned from his sojourn at the asylum he became a patient of mine. He was suffering from a running wound in his right side, left from a badly-performed operation—the extracting a tumour from the pectoral muscles. I held him in conversation for hours, and failed to find any circumstance which would justify my saying whether or not he was a monomaniac. His eyes were prominent

and glaring, especially as he became excited, but I allowed that perhaps that might be natural. He was extremely smart in his answers and in his surmises.

"I asked him why he accused Strugnell; he replied that he caught him immorally assaulting his wife. I asked why he had not knocked him down? he replied, 'because if I had I should have put myself in the power of the law, and I knew better.' I said, what did you do? he replied, 'she heard me coming, and said to him, "he is coming, buy something," and that then he bought a trifling article or two, and then left the shop. He continued—"I went up to my wife, and said, I shall pull that man. She replied, 'you won't!' He reiterated, 'but I will pull him.' When she answered, 'no you won't, for I shall swear dead against you.' 'Seeing,' he went on to say to me, 'that I was beat, I said to her, you are a d— w—.'"

"I asked him why he suspected so many others. He laughed and scoffed at the idea. He said, 'I never suspected any of them, excepting the former butcher, and him of nothing more than kissing his hand.' Then why did you say you suspected them? He replied, 'I never did.' But that shows the depth of the woman (his wife), 'for,' says he, 'she has gone round to those men and spoken to them—"Look here, Smith says you carry on with me as well as Strugnell," and so you see,' he says, 'she got them thus to sympathise with her, and to get me to the asylum.'"

"He was very wordy in narrating his being taken to the asylum; in his refusing to go out of the cab to get the forms signed, as it was raining, and he was not going to get wet.

"On his arrival, a warder, who knew him, said, 'Well, Smith, you have come on a good day—being wet, I have not much to do—and so can, as I have often promised, show you over the asylum.' 'But I am a patient.' 'No, never! You are joking.' 'No, I am not. Ask the doctor.' 'But what are you here for?' 'I cannot tell, only that my wife has got me sent here.'

"He says the doctor, who received him, laughed when he asked the warders, among whom he was standing, where the lunatic was. He always pronounced the word lunatic; and that he at once proffered to allow him to write to a friend to get him taken out, and although against the rules for letters to be sent, that he would see that his was posted. When his friend came he said he would not go out without a judge's order, as those who had put him in should suffer for the act. I asked him why he remained at the asylum for so long a time, when he replied that he was obliged to, owing to the Court not being in session.

"With respect to his alleged intimacy with Mrs. Smith, in her first husband's lifetime, he was very smart: 'Did you know the first husband? for if you did you will see his face reproduced in the boy, and if I was his father you would certainly not see in him another man's likeness. I am not the man for that sort of thing.'

"He stated that he was told, as a special favour, that he might have some spirits brought to him by his friends, but he declined, saying that that would necessitate his being put in a straight-jacket.

"After his release he was taken to the E. H. Police Court for assault, and fined £1. I asked him how he had got into that scrape, when he related a most comical story. How that at every meal his wife and children teased and worried him by scandalizing, and seeking to get him to assault Mrs. Smith; that he always restrained himself, and never fell into the snare; that on the particular night in question, he said he would be no longer insulted by his step-children, and that if they would not leave his house he would put them out; that his wife rushed forward to stop him, she having a large pair of scissors in her hand; that he pushed her to keep her off, and in so doing the scissors inflicted a wound on the ball of his thumb. That his wife seeing the game was at last played screamed out murder, and fell down, catching hold of a pan holding a number of pottery articles, and pulling it with her, and by main force dragging along with it a number of others, also filled with crockery, and piled upon the top. This he says she did to get me arrested, which she succeeded in doing, and at the same time she said I was drunk. He, in ecstasies, spoke of the monies he would make by impaling a number, after Dr. Iflla, for £1000 damages. Thus, anyone listening to Smith's account, and believing all he said to be true, would conclude that his wife must be a most scheming, clever-plodding, wicked, dangerous woman. Was she this, or was the man a monomaniac?

"He also spoke of catching Mrs. Smith and his enemies, and explained in his way his schemes to compass them, &c."

Dr. Henry opened the discussion by referring to the probability of the Government separating the acute cases from the chronic, a suggestion that had emanated from one of our late Premiers. He was informed that it was customary to send from the Asylum a report on each case admitted to the Chief Secretary, and that after eight days a further report was sent in, and that the responsibility of further detention in the Asylum rested with the authorities.

Mr. Gillbee, after hearing the paper, was not much wiser than before. The report of the trial certainly seemed to show the sanity of Smith. One good result of the trial would be to make medical men more careful. He thought that a medical certificate should afterwards be confirmed by a judge. Also it was most improper that an official visitor should give a certificate. Mr. Iflla was not a solitary instance of this abuse. He hoped no official visitor from this time would be allowed to give a certificate. The question was a very serious one, as it involved the liberty of the subject. It was enough to make a sane man mad to put him into an asylum.

Dr. Steele had always insisted that the patient's near friends should sign the document, and also give a guarantee of indemnity against any possible action against the medical man.

Dr. Talbot was glad to hear that Mr. Iflla had taken much time in the investigation of the case. He did not think that generally more than twenty minutes were spent in the examination.

Dr. Jamieson did not think the eighteen points spoken of by Mr. Iflla were remembered until after the trial. They were, in fact, after thoughts. They were the outcome of his defence. The certificate did not disclose any such detailed examination. The judge and jury could not tell what was in his mind. The mere number of points was nothing. It might be that Mr. Iflla had justification, but he certainly did not make good use of it. He did not think the discussion of such a subject was expedient in a society.

Dr. Lucas, in explanation, knew nothing as to Mr. Iflla's confounding his official and professional position.

The President was glad that attention had been drawn to the irregularity of official visitors giving certificates of insanity. He knew as a fact that such certificates had been given subsequent to the case of Smith v. Iflla, and he trusted the attention of the Government would be drawn to the abuse.

The meeting then closed.

NEW SOUTH WALES BRANCH: MONTHLY MEETING.

Sydney, Friday, December 2nd, 1881.

GEORGE FORTESCUE, M.B., Vice-President, in the Chair.

The minutes of the last general meeting were read by the Secretary, passed by the meeting, and signed by the Chairman.

The Secretary then informed the meeting that he had written a letter of condolence and sympathy to Mrs. Moffitt, and had received a reply from her, thanking the Branch for the expressions of respect and regret for the loss of their late President.

Dr. Fortescue then stated that he wished to bring under the notice of the Branch that a case of smallpox had been treated in secret by a practitioner, and expressed his opinion that this would meet with the entire disapproval of the Branch and the medical profession generally.

Dr. Belgrave fully endorsed the opinion of Dr. Fortescue, and strongly advocated the registration of infectious disease. At the same time he objected to the constitution of the Board of Health, stating that it should not have been appointed by the "ipse dixit" of ministers, but that an Act of Parliament ought to be passed which would have reference to the whole subject. He informed the meeting that some time ago he had inspected a cow at Ryde for the purpose of ascertaining if the animal were affected with the true vaccine vesicle. A few days since he had received a lawyer's letter, asking him for £20, the price of the said cow. He also stated that he had informed the Board of Health of two cases of vaccine disease, and no notice was taken of his communication.

Dr. Mackellar defended the action of the Board, and stated that some suitable lymph had been found, and that the establishment of a vaccine farm was in contemplation.

Dr. Belgrave said that the reports of the Board were very ambiguous, and that at the beginning of the outbreak of smallpox temporary buildings ought to have been erected where persons affected might have been conveyed to, and thus it might have been checked at the outset.

Dr. Mackellar rose to desire Dr. Belgrave, if he had any specific charge to make against the Board of Health, to do so.

Dr. Milford thought there were many things to be considered in the case of the medical man who had attended the case of small-pox without reporting it to the Board. He understood that the gentleman had been requested not to mention it by the sufferer and his family, and that the knowledge of the sufferer being affected had been reported to him as a privileged communication, as being the family medical adviser. He was placed in circumstances of considerable difficulty, his honour keeping him silent on the one hand, and his desire to benefit the public urging him to communicate with the authorities on the other. He then moved the following resolution—"That this meeting deem it the duty of all medical men to communicate at once any case of smallpox that may come under their notice to the Board appointed by Government to the suppression of it."

Dr. Mackellar seconded the resolution.

Dr. Belgrave moved as an amendment—"That the Council be instructed to communicate with the Colonial Secretary, with a view to the introduction of a Bill to compel the notification of cases of smallpox."

Dr. O'Reilly seconded the amendment.

A discussion then ensued, in which Drs. Milford, Fortescue, and Mackellar joined.

Dr. Marano supported Dr. Belgrave's amendment, not only in regard to smallpox, but to infectious disease generally.

The Chairman thought it would be better for Dr. Belgrave to withdraw his amendment, as there was nothing antagonistic between it and the original proposition.

Dr. Belgrave then withdrew the amendment.

Dr. Milford's original proposition was then put and carried unanimously.

The amendment of Dr. Belgrave was next put as a proposition, and carried nem. con.

Dr. Mackellar then read his paper "On a Case of Ovarian Disease."

Drs. Milford, Schuette, Fortescue, Thos. Dixon, O. S. Evans, and Quaife joined in the discussion that ensued, and a vote of thanks was accorded to Dr. Mackellar for his valuable paper.

Dr. Fortescue then read his paper "On the Retrocession of Uterine Fibroids," as follows:—

"Dr. West, in his book on the 'Diseases of Women,' after describing the modes, often imperfect and unsuccessful, in which Nature attempts the removal of fibroids of the Uterus, asks, 'Whether a fibrous tumour is ever completely removed by absorption is a question which I am unable to answer from my own observation. I should quite believe in the possibility of the occurrence, though my impression is that softening and disintegration usually precede the removal of the tumour, and that almost invariably it is not absorbed, but is expelled in its softened state and piece-meal from the cavity of the womb.' But according to Barnes, 'A fibroid tumour may be expected to follow closely the conditions of its parent organ. Accordingly, it grows during pregnancy, and undergoes retrogression or involution when the pregnancy is over, and sometimes involution being thus started passes into atrophy and the tumour disappears altogether, as in cases narrated by Dr. Sedgwick, Scanzoni, and others. Thus pregnancy may, in very exceptional cases it is true, cure fibroid tumours. This process of complete absorption or atrophy has been questioned. It has been objected that the tumour was simply cast off unobserved. But as the uterus itself may vanish through atrophy, so a *fortiori* may a fibrous tumour.' Schroeder in Ziemssen's Cyclopædia refers to thirty-six cases in which the disappearance of fibroids is pretty positively established. 'If we inquire,' he remarks, 'under what circumstances, and by what means their absorption was accomplished we receive no very satisfactory answer. Seeing that fibroids as a whole exhibit the same structure as the normal uterine parenchyma, and as during the puerperal period this tissue undergoes a complete process of physiological absorption, one would conclude *a priori* that the fibroids too would be most readily absorbed during the same period. This, however, is not fully confirmed by experience, as only six puerperal cases are found in the thirty-six reported. A more important influence seems to be exerted by the occurrence of the menopause, and yet there are not a few younger women embraced in the list. The most unreliable results seem to follow therapeutic interference.'

"The disappearance, then, of uterine fibroids by absorption or physiological retrocession by atrophy is a recognised, though evidently a rare occurrence. I propose to give a short account of two such cases which I have met with in my practice, with a double object of putting them on record and of obtaining from the extensive experience of you gentlemen present further information for myself upon the subject. That my diagnosis was correct in either case I am as sure as a man can be under the circumstances, though I confess that some element of doubt must remain in nearly all investigations of the kind.

"The first, which I have to give from memory, appears to be an example of the retrocession of a fibroid during the puerperal period with the involution of the uterus.

"A. Multipara, aged about 30, was attended by me some twelve years ago. Everything went well during her pregnancy and labour. On putting my hand after delivery upon the contracted uterus, I found attached to the right side of it, by a rather narrow pedicle, a tumour, about the size of a small cocoa-nut, firm, slightly nodular, oval, somewhat elastic, and movable. It could be grasped readily through the thinned abdominal walls, and was like nothing but a fibroid tumour of the sub-peritoneal variety. It remained quite distinct during the ten days or so of my attendance, but three months afterwards every trace of it as given by palpation had disappeared.

"The second case, some notes of which I have by me, is somewhat

remarkable, for it shows, if my diagnosis is correct, that the opposite physiological condition of activity attending the growth and development of the pregnant uterus, aided probably by the effect of the gradually increasing pressure during the period of gestation is capable of causing the recession of fibroids of considerable size. Notwithstanding the well-known fact that there is often during this period of uterine growth a commensurate increase in the bulk of these tumours.

"Mrs. P., aged 43, a sufferer for years from menstrual irregularities, with dyspeptic and nervous accompaniments, and whom I had for a long time attended occasionally, though not for the last two or three years, consulted me under the following circumstances. She had been childless to her first husband, a very delicate man, and after being fifteen months a widow, had married again. About a year after her marriage, or rather less, had cessation of the menses, and what was probably a miscarriage at the second month, followed by some ovarian congestion and irritation. Two months after the miscarriage or thereabouts noticed some enlargement of abdomen, and felt a lump, hard, and somewhat movable, and small at first, a little below and to the right of the navel. The enlargement slowly increased, and with it she began to feel occasional pulsating sensations and stitches in the belly and some coldness of the right leg. There was no actual pain, however, and no constitutional disturbance, no interference with the functions of the bladder or rectum, no particular inconvenience, except from the tumour's size, only some slight swelling (oedematous) of the feet. After another interval of two months the courses had again disappeared, and then I was called in to see her. I visited her on January 31st, 1878, and again on February 2nd and 16th, examining her very carefully on each occasion. The abdomen was large and prominent, and presented at first view much the size and appearance of pregnancy at about the eighth month. Deep pressure gave no pain whatever, but discovered the existence of a large growth, very firm and resisting, which almost filled the lower portion of the abdominal cavity posteriorly, and extended from the situation of the uterus below to the navel above, and in each iliac region, more particularly in the right, in several regular masses, very prominent, hard, and smooth to the touch. Pervaginatam the growth could be distinctly felt behind and above the uterus, which was fixed, and turned forwards and elongated, as the uterine sound proved, to the extent of nearly five inches. Though the history and apparently rapid growth in this case presented some difficulties, the objective indications were such as to leave me no escape from the conclusion that they depended upon the presence of fibroids long in existence probably, and unnoticed, but stimulated into rapid increase by her new condition of sexual excitement and functional activity of the uterus. Her friends, however, thought she was pregnant, and notwithstanding my assertion as to its improbability, persisted in their opinions. After a few months I heard she was certainly in the "family way," and this proved to be true, for on October 7th of same year, eight months after my last introduction of the sound, she was delivered by our friend Dr. Laure, instrumentally, and after a very tedious labour, of a female child, dead at the birth, but apparently nearly of the full time. Dr. Laure assures me that not the least indication of any growth or enlargement was conveyed to the hand after the removal of the child, and certainly a year afterwards, and again yesterday, when I examined her, nothing could be detected by me except, indeed, some slight and doubtful fulness of the uterus felt through the vagina in front, the womb itself being free and movable and restored to its normal dimensions. The tumour would appear to have diminished *pari passu* with the development of the fœtus, for the patient tells me she felt no special feeling of distention, and no particular trouble in carrying the child, and that she worked and washed up to the day of her confinement. She had no subsequent inflammatory symptoms, and no escape of matter; made a good recovery, and was up on the tenth day.

"These are the only instances, gentlemen, in which tumours, presumably fibroids of the uterus, have disappeared by absorption or atrophy in patients under my observation. The second case, you will observe, granting accuracy of my observation and that of Dr. Laure as to the condition of the woman after delivery, is peculiarly interesting, as serving to prove that this growth may be removed during the disturbances of gestation, and not only, as in several well authenticated instances, by puerperal changes."

Drs. Schuette, Milford, Belgrave, Pickburn, O'Reilly, and Thomas Dixon joined in the discussion that followed, and a vote of thanks was accorded to Dr. Fortescue for his very excellent paper.

Dr. Mackellar then exhibited a pathological specimen of a "Perforating Ulcer of the Stomach," and the meeting terminated.

OUR MELBOURNE LETTER.

MELBOURNE, DEC. 24TH.

The very natural apprehension of risk in connection with lunacy-certificates, caused by the result of the late *Smith v. Iffla* trial, has not by any means abated. For although there is a general feeling that the verdict of the jury in that case was right, its effect has been to draw attention generally to the loose way in which these opinions are often given, and it is felt that no medical man can say how soon he may not be the defendant in a similar action. I know several medical men who, since that trial, have declined to give certificates. An indirect consequence of the action, moreover, has been to induce magistrates in police-court lunacy cases to review medical certificates, and the latest instance of this newly developed authority occurred a few days ago, where a certificate having been given by Dr. Shields and Mr. Cobb, was sent back to those gentlemen for reconsideration, this proceeding of the magistrates having been fortified by the declaration of Mr. R. Robertson and Dr. Harricks, of St. Kilda, that the woman was sane, and this notwithstanding the existence of a delusion that an angel spoke to her through the post-office clock chimes. For his own justification, therefore, Dr. Shields called in Drs. McCrea and Graham, who found the woman to be exceedingly mad. All such disputes as these only go to demonstrate the need of experts to act as juries in all cases of insanity, and to be protected by law in the decisions to which they may come. The subject came up the other night at a meeting of the Branch Association, at which a paper by Dr. Lucas was read bearing upon medical responsibility in cases of lunacy.

And, in connection with this subject, there have been some disclosures the reverse of creditable at the Sunbury Lunatic Asylum, where, for several years, the Lunacy Act has been disregarded by the Berry Government in appointing, as Superintendent, a non-medical person, and in providing medical attendance other than by a resident. The result has been general disorganisation of the Asylum, so that the appointment of Dr. Watkin, as Superintendent is to be counted as a further item to the credit of the O'Loughlen administration. Sunbury Asylum, it may be remarked, was not built to serve its present use. It is on the very summit of a high hill, exposed to the weather on all sides. It was first used as an Industrial School, for which it was found completely unsuited. It was then untenanted for some time, and the Committee of the Benevolent Asylum had the offer of it, but they would not have it. At last Mr. Berry bethought him that it would be a good place for lunatics, and so the overflow of all the Hospitals for the Insane was sent to it. There is a kind of appropriateness in its present use, as no one but a lunatic would ever have thought of building any institution on such an inaccessible and inhospitable site. It is certainly dreary enough to make anybody mad, if he did not happen to be mad before he went there.

And in the matter of mad-houses, Mr. Harcourt, the proprietor of the Cremorne Asylum, is desirous of disposing of his interest in this establishment. This place, some eight and twenty years ago, was laid out for pleasure-gardens, and for a long time was a popular resort. Mr. Harcourt bought it of Mr. Coppin, about eighteen years ago, and its brilliance as a place of amusement was exchanged for the gloom of a private Asylum. Everybody knows that Mr. Harcourt's management of it has been, in every way, satisfactory; but, considering that practically the State asylums of this colony receive patients gratuitously, the competition in the business is such as to render private enterprise in this direction not quite encouraging. Moreover, it may be questioned if this place is quite well adapted for the purpose of a lunatic asylum, situated as it is upon the bank of a river which reeks with filth.

Concerning a little more of Mr. Iffla. The full Court has refused him a new trial, and has consented to his appealing to the Privy Council only on condition of his paying the damages and costs of the trial by way of security as against the possibility of an adverse decision. Apparently, therefore, he has decided to bear the ills he has, and not fly to others that he knows not of; for the other evening, at the hour when begging-letter applicants usually ply their

vocation, two men, having with them a soiled-looking document, called upon me and solicited a contribution to the Iffla relief fund. The mode in which the application was made was not reassuring, but it was the old story of "Needs must when the devil is urgent." It was impossible not to remember the time when this gentleman assumed to represent the profession and spoke oracularly accordingly.

Curiously enough, there has just occurred another instance of professional pride having a considerable fall. Mr. D. B. Reid, long the autocrat of the Geelong Hospital, has been ignominiously dismissed from his position as senior surgeon of that institution. If I thought that this gentleman had suffered the least injustice at the hands of the Committee and the contributors, I should be the last to feel any exultation at his humiliation. But he has, for years, trampled down every canon of professional ethics. He has acquired a fictitious reputation by the simple process of always sounding his own praises, and as steadily disparaging the worth of everybody else. For a long time he managed to secure a committee of gentlemen, who, for reasons well known to themselves, were ready to do his bidding; but at last the long lane was found to have a turning, and, in vulgar terms, he is kicked out from where he thought he had an abiding place for life. No punishment was ever more thoroughly merited. He brought a wicked and untruthful accusation against Dr. Warren, the Resident Surgeon, one of the most amiable and honourable men in the profession, and, to his great astonishment, he met with his match in Dr. Warren. It was Colonel Quaggen and the Grace-Walker over again; and I only hope that Dr. Warren will follow up his victory by taking action against Mr. Reid for slander.

The changes in the medical school have been unusually numerous of late. Dr. Robertson has resigned his lectureship on Medicine, and Dr. Bird has taken his place; and Dr. Bird's place as Lecturer on Materia Medica has been taken by Dr. Williams. Dr. Allen, who for some time has been the Demonstrator of Anatomy, has been elected Lecturer on Anatomy and Pathology, so that Professor Halford will be able to confine himself exclusively to Physiology. Among the candidates for the chair of Materia Medica was Dr. Moloney, and it was thought that as he was one of the first medical graduates of the University, and has, moreover, an exceptionally good reputation both as a practitioner, a writer and a speaker, he would have had a good chance with the Council. I have nothing to say against Dr. Williams, who, so far as I know, is a most capable man, but I am bound to say that it is not encouraging to the graduates of the Medical School to find themselves slighted by the body which of all others should recognise their preferent claims. It is gratifying to find, however, that Melbourne students in the old country do justice to their good training here. For instance, the news has just come that one of them (Springthorpe) has gone on to the membership of the Royal College of Physicians of London, not contenting himself, as is generally done, with the licence.

The profession here, as I remarked last month, is moving in the direction of more adequate remuneration for public services. The fees for nearly all kinds of medical work are preposterously low, and every Government for some years past has done its best to make them lower. The Medical Society, therefore, has been invited to co-operate with the Branch Association in representing to the present Government the justice, and therefore the need, of a revision of the scale of payments. And in the matter of an amended Medical Act, too, it has been resolved to invite co-operation. We have been endeavouring for ten years to get an improvement of the statute in obedience to which we live and move and have our professional being, but we are yet exactly where we were, and considering how much profitless legislation there is in this Victorian Parliament, it does not seem too much to look for that some attention should be given to medicine. As Parliament is not to be called together again until the end of April we have plenty of time to prepare a new draft Bill.

CIRCULARS have been sent by the Police Department to all the police stations throughout the colony of Victoria, asking what arrangements have been made for the removal and isolation of all infected persons, in the advent of an outbreak of small-pox.

DR. YOUL, City Coroner, at an inquest recently held on the body of a man, who died at the Melbourne Hospital from Erysipelas, in answer to a question from a juror, said:—"As you have alluded to it, I have to say that the only remedy for this is to pull down this building. The hospital is simply saturated with erysipelas. For my part if I was suffering from a wound I would rather be placed in a 40 acre paddock in a tent than in this hospital. The experience I have had of cases of erysipelas in this institution points to this fact."

MEDICO-LEGAL.

VERDICT OF MANSLAUGHTER AGAINST AN UNQUALIFIED PRACTITIONER.—An inquest, extending over several days, was held by the city coroner for Sydney, on the body of an infant, five months old, which died at Balmain, a suburb of Sydney, on Tuesday, December 7, under somewhat peculiar circumstances. The child previous to its death had been attended by a Mr. W. B. Westwood, who has the prefix "Dr." before his name on the door-plate, but who is not a legally qualified medical man. The medical testimony seemed to be conclusive that death resulted from poisoning by opium, and after hearing the evidence the jury returned the following verdict:—"That the said William E. Jarvis, at Balmain, in the district of Sydney on the 7th day of December, 1881, died from the effects of an overdose of opium, which said opium was in a prescription made and dispensed by one William Burry Westwood, on the night of the 6th instant, he the said William Burry Westwood not being a duly legally qualified medical practitioner, not holding a diploma empowering him to practise medicine; and we find that in the administration of such medicine he the said William B. Westwood acted in gross ignorance; and we further find that the said W. B. Westwood, at Balmain, in the district of Sydney, on the 7th December, 1881, in the manner and by the means aforesaid, feloniously and unlawfully did kill and slay."

The jury added the following rider to their verdict:—"That in view of the present state of the law, leaving open to anyone to style himself doctor, and practise medicine without being duly qualified, they would urge upon the Government the passing of an enactment making it penal to do so." William Burry Westwood was then committed for trial on the charge of manslaughter, and was admitted to bail, himself in £200, and two sureties for the same amount.

MEDICAL OPENINGS AND VACANCIES.

Advertisements for this column, not exceeding five lines, are charged 2s. 6d., and 6d. for every additional line.

. Advertisers are requested to forward to the office of this paper full particulars of all vacancies and openings which are to be advertised in the Australasian Medical Gazette, to enable the Publisher to answer the inquiries of intending applicants.

Sydney.—Required, the services of duly qualified Medical Officer for Golden Gate Lodge, I.O.O.F., No. 1, N.S.W. Tenders addressed care of A. F. Abreu, 398 George-street, Sydney.

New South Wales.—Wanted, a duly qualified Medical Practitioner for the Heart and Hand Lodge, Nundle, a prosperous district for a medical man. For particulars apply to the undersigned, Jas. Powell, jun., secretary.

South Australia.—Surgeon wanted for the Loyal Athenian Lodge, I.O.O.F., Gawler. A rare opportunity presents itself for a medical man seeking a good practice. Full particulars on application to S. Harbour, secretary, Gawler.

Peak Downs Hospital, Clermont, Queensland.—Tenders for the office of Resident Surgeon (endorsed as such) to the Peak Downs Hospital, for the year 1882, will be received up to 6 p.m., on the 18th of January, 1882. Tenders not to exceed £250 for the year. A first-class residence, with tanks, &c., provided, near the hospital, within the fence. The hospital is situated on high ground, about half-a-mile from Town Clermont, and three miles from Copperfield; stands in a paddock of 23 acres, and is the finest building inland. Right of private practice allowed. Surgeons to provide their own instruments and surgical appliances, attendance, furniture, and provisions. Railway will be completed to within 35 miles from Clermont by beginning 1882. Edmund F. Craven, Secretary, P. D. Hospital.

At the meeting of the Brisbane Board of Health, held on October, 26, a letter was read from Mr. K. T. Staiger, containing an analysis of Steedman's powders. The following is the substance of the report:—"One packet he received from the secretary of the board, and another Mr. Staiger purchased himself, and on these packets he says:—"Both packets were in their outfit exactly the same, with the name John Steedman, chemist, Walworth, Surrey, inscribed on it. There were eight powders in the packet, each powder weighing 3 gr., and consisted of calomel, opium, and starch, which three ingredients could be easily detected by a microscope. The opium I could only quantitatively ascertain by its weight of spirituous extract, made by 60 o.p. spirit. The quantitative composition is the following:—

Calomel	25'56
Spirituous dry extract of opium	11'45
Exhausted opium and starch	62'99

100.000

One of the powders weighing on an average 3'1 gr., would give the following composition:—

Calomel	0'793
Spirituous dry extract of opium	0'355
Exhausted opium and starch	1'952

3'100

The so-called Steedman's powder contains, besides a mercurial preparation of calomel, also a comparatively large quantity of opium, which is considered highly dangerous to infantile life.—(Signed) K. T. STAIGER, Analytical Chemist."

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 2s. 6d., which should be forwarded in stamps with the announcements.

BIRTHS.

HARRICKS.—On November 20, at Rockhampton, Q., the wife of Dr. J. Hugh Harricks of a daughter.

PARKER.—December 21, at Pitt Street, Redfern, Sydney, the wife of Dr. Jos. Parker of a son.

MARRIAGES.

BIRD—HOPKINS.—On November 23, at St. Thomas' Church, Winchelsea, Vic., Frederic Dougan, son of Dr. S. D. Bird, of Melbourne, to Lucy Clare, second daughter of Arthur Hopkins, Esq., of Murdeduke.

HARVEY—AUGHTIE.—On the 19th December, at the residence of the bride's parents, by the Rev. J. C. Dodwell, Dr. Richard R. Harvey, to Alice, second daughter of Mr. E. S. Aughtie, both of Hay, N.S.W.

NEILD—SHERWIN.—January 16, at St. John's, Carno, N.S.W., by the Rev. G. H. Allnut, brother-in-law of the bridegroom, the Rev. Frank Greenwood Neild, of Cudal, youngest son of John Cash Neild, Esq., M.D. of Mulgona, to Gertrude Lucy, third surviving daughter of George D. Sherwin, Esq., J.P., of Canomodie.

MARTYR—GOODMAN.—December 20, at St. Barnabas' Church Sydney, by the Rev. Joseph Barnier, Charles, second son of T. W. L. Martyr, M.D. of Melbourne, to Minna the youngest daughter of the late G. B. Goodman, Esq., and granddaughter of the late Abraham Polack, Esq.

MICKLE—ESMOND.—December 6, at Northcote, Papanui, near Christchurch, N.Z., by the Rev. T. R. Cairns, Adam Frederick John Mickle, M.D. third son of Dr. Mickle, Ripon, Yorkshire, to Abigail Meredith, third daughter of Thomas Esmond, Esq., late of Montrose, Scotland.

DEATHS.

COLQUHOUN.—On December 20, at the Pleasant Creek Hospital, Stawell, Vic., Robert Colquhoun, L.F.P.S. Glas., 1850, resident surgeon to that institution, aged 58 years.

HOCKEN.—On December 7, at Moray place, Dunedin, N.Z., Julia A. D., the wife of Dr. Thos. M. Hocken, aged 40 years.

HODGSON.—In November, at Sydney, Wilfrid Hodgson, M.D., Columbia College, New York, U.S.A., 1877.

MILLER.—On December 19, at 155 Collins St. East, Melbourne, John Lindsay Miller, L.F.P.S. 1852, M.D. 1878, Glas., M. 1870, F. 1878, R.C.S. Edin., late of Launceston, Tas., aged 51 years.

SEIDEL.—On December 8, at St. George, Queensland, E. F. Seidel, M.D.

SIDES.—On the 19th December, at Bourke, N.S.W., George Henry Herbert, the only and beloved son of Dr. Richard Sides, of diphtheria.

TELFORD.—On December 16, at Cobran Station, N.S.W., James Campbell Telford, M.D., 1850, L.F.P.S., 1849, Glas.

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35, Castlereagh-street, Sydney.

35 CASTLEREAGH STREET,
SYDNEY.

INTERCOLONIAL

35 CASTLEREAGH STREET,
SYDNEY.

Medical Transfer and Agency Office.

L. BRUCK, Manager.

THE INTERCOLONIAL TRANSFER AND MEDICAL AGENCY OFFICE HAS BEEN ESTABLISHED IN CONNECTION WITH "THE AUSTRALASIAN MEDICAL GAZETTE" (the Official Organ of the Combined Australasian Branches of the British Medical Association), to transact all business matters connected with the negotiation and arrangement of Transfers of Practices, or Partnerships, Medical Arbitrations, Valuations, &c., upon the general principal, that no charge is made unless work has been done and services rendered.

We have special facilities for Introducing Successors and arranging Partnerships, therefore, if MEMBERS OF THE PROFESSION, WHO ARE DESIROUS OF DISPOSING OF THEIR PRACTICES, will forward us full particulars (which will be received in strict confidence), AN IMMEDIATE TRANSFER WILL PROBABLY BE EFFECTED.

GENTLEMEN REQUIRING PRACTICES OR PARTNERSHIPS, who will communicate (confidentially) the nature and extent of their wishes regarding investment, can be apprised of appropriate opportunities as they occur.

ASSISTANTS AND LOCUM TENENS, with satisfactory testimonials as to sobriety and general abilities, can be engaged at very short notice.

NO COMMISSION CHARGED TO PURCHASERS. TERMS STRICTLY MODERATE.

Medical Practices for Sale.

33. New South Wales.—In an improving township, about nine hours' journey by rail from Newcastle, an unopposed lucrative Practice, averaging for the past five years over £1000 per annum. No clubs. Fees at home from 7s. 6d. to 20s.; visits, 10s., medicines included; mileage, 5s.; midwifery fees from 3 to 5 guineas. Capital house of nine rooms can be secured by successor: rent, £52. Premium, £250 cash. Drugs, furniture, buggies and horses can be purchased at valuation, and be paid for by instalments.
34. Queensland.—An old-established Practice in a railway township, 150 miles from Brisbane, in an extensive squatting district, with a cool climate. Annual income about £1000. Appointments—Hospital visits, £150; one club, £148; Government appointment, £40; and about £42 for fees for examining lunatics, P.M. examinations, &c. Midwifery fees in town £5 5s.; ordinary fees, 7s. 6d. and 10s. 6d. Only one other practitioner within 50 miles. Price, £230, £150 of which in cash, balance by bills.
36. South Australia.—A Dispensing and Consulting Chemist's Business, established nine years, in a pleasant country town, the oldest in the south-eastern district, about 220 miles from Adelaide; population, 1500. Stone building, with back sitting room, and detached cottage of three rooms, out-offices and paddock, in central position; rent £52. The shop is well stocked, and furnished with handsome cedar fittings. Average takings, £600 per annum. There is another man in the township who sells drugs, and only one elderly medical practitioner within fifty miles. Price £550, everything belonging to the business included; half cash.
37. New South Wales.—An unopposed, easily-worked Country Practice, in a mining and farming district about 150 miles west of Sydney, with a population of 2000. This Practice is established 7 years, and worth £700 per annum, including the following appointments:—Hospital, Lodges, Government Medical Officership, altogether bringing in over £200 a year; and Vaccination Fees amounted to £70 during the last quarter. A Cottage of 5 rooms and 1½ acres land be rented at 10s. a week; premium, £150 cash. Purchaser to take over the furniture, drugs, buggy, horse, &c. at a valuation. The practice can, if required, be purchased by quarterly instalments.
44. Queensland.—First-class Practice in Brisbane. Premium £500; one half down. No gentleman can be negotiated with unless his bona fide intentions are indisputable.
46. New Zealand.—In an important seaport on the West Coast of the Middle Island, a good-class Practice, worth £750 per annum, including the following appointments—Lodges, bringing in between £200 and £300; Public Vaccinatorship, £20; Medical Referee to three Life Assurance Companies, worth £60. About sixty cases of midwifery a year, fees from £4 to £5. Reason for leaving, want to live in a warmer climate. Premium, £200.
48. Queensland.—In a rapidly growing new post town in the interior of North Queensland, a Practice worth £1000 per annum. No opposition within 150 miles. Fees at home and in township, 15s. and 21s. Midwifery fee £10 10s. A hospital will be built in six months. Premium £220. Reason for leaving, wish to reside on the coast.
49. Sydney.—In a very fast extending suburb, the favourite place of residence for the well-to-do citizens, within easy communication of Sydney, a first-class Practice, income upwards of £1000, which can easily be increased to £1500. Forty midwifery cases a year. No clubs. Little opposition. Excellent house, in splendid position, rent £100. Reason for leaving, desire to visit the old country. Premium—£400, half cash.
52. New Zealand.—Physician's practice in a hospital and railway township (South Canterbury), of 1500 inhabitants; population of district, 5000. One other M.D. in township, no other practitioner within 30 miles. Income £600, with great scope for increase. Fees, 7s. 6d.; mileage, 5s.; about 50 midwifery cases a year, from £2 2s. to £10 10s. A good house of 6 rooms, outhouses and paddock of 1½ acres can be rented at 21s. a week, or purchased for £600, £450 of which can remain on mortgage. Premium, £75 cash.
53. New South Wales.—In a rising railway town, the centre of an extensive coal mining and mineral district, with a population of 2500 souls, an unopposed practice, worth £1000 a year, including £466 from clubs, and £100 from Government appointments. Premium, £300.
54. New South Wales.—In the best part of the Riverina district, both pastoral and agricultural. Income, £950, including a bonus of £300; Cottage Hospital, £100; and one club £40, guaranteed to be transferable. No opposition within 60 miles. Convenient house, rent, £40. Premium, £300.
55. South Australia.—In a fashionable, rapidly increasing watering place, thirty minutes by rail from Adelaide, a good-class General Practice, established eight years. Cash receipts, £600 a year, but would have been much more had the vendor cared for patients requiring long credit. The appointments connected with it are worth £200, viz.:—Clubs, £146; Public Vaccinatorship, £10; Medical referee to three Life Assurance Companies, £50. About 60 midwifery cases a year, from 2 to 5 guineas. Would suit a delicate man. There is one other practitioner in the town. Premium £300, cash. Purchase of drugs, horses, etc., optional. Reason for selling—want to return to England.
56. Sydney.—In a favourite watering place, within easy communication of Sydney, an unopposed, easily worked practice, worth £400 a year including £30 from one club; fees, at home 5s.; in township 10s.; midwifery fees 3 and 5 guineas. No working expenses. Premium, £60 cash.
57. Melbourne.—In one of the most populous suburbs, 15 minutes' walk from General Post Office, an old established practice, bringing in over £1000 per annum, including £600 from clubs and vaccinations. Midwifery fees £2 and £3. Excellent house, rent £160. Introduction 3 months. Reason for selling, desirous of retiring. Premium, £800, terms.

APPLY TO THE INTERCOLONIAL MEDICAL TRANSFER & AGENCY OFFICE,

L. BRUCK, Manager,

35 CASTLEREAGH STREET, SYDNEY.

Or to Messrs. H. FRANCIS & CO.,

31 Bourke St. East, Melbourne.

CERTIFICATES OF LUNACY.—THE SMITH v. IFFLA CASE.

BY A MELBOURNE PRACTITIONER.

We do not think that a case like this, of so much interest and importance to medical men, should be allowed to pass without some comments. The history of the case was shortly as follows: The plaintiff, William Smith, of Emerald Hill, Melbourne, had for some time been living in rather unfortunate relations with his wife, of whom he was jealous. He insisted that she was behaving improperly with several men in the neighbourhood, his suspicions being specially directed against a butcher of the name of Strugnell, living directly opposite. He declared that he had seen this man behaving in an indelicate way to Mrs. Smith, and that they were constantly making signals to each other. He seems, at times, to have used very strong language, and was in no way reticent in making complaints about what he considered to be his wife's disgraceful behaviour. It was proved that he had been in the habit of tippling, and had threatened, if not used, violence to his wife. In May last a petition was somehow got up, and signed by some of the neighbours, to the effect that Smith was a lunatic and dangerous; a daughter of Mrs. Smith, by a previous marriage, taking it round for signature. On 16th May Mrs. Smith asked Dr. Iffla to see her husband, telling him about the jealousy and threats of violence. Dr. Iffla, who had not attended or conversed with Smith for some years, called at the house and, according to Smith's sworn evidence, was with him for four or five minutes, asking him three questions—did he sleep well? did he intend to take away his own life? did he intend to take his wife's life? the answer to the first question being Yes, and to the others, No. Dr. Iffla spoke to Mrs. Smith on leaving the room, and at her request went to Strugnell for further information. As the result of his observation and enquiries he signed a certificate at his own house the same evening, receiving payment of one guinea. The certificate was to the following effect:

(1). *Circumstances observed by himself.*—Restlessness of manner, and absurdity of his statements; that he being in the shop, his wife (Mrs. Smith) made a sign to the butcher living opposite, when he ran across, and pressed his person against Mrs. Smith; that they are always making signs, and kissing hands to each other; that his wife's conduct is ruining him.

(2). *Facts communicated to him by others.*—That, according to the wife, Mr. Smith was causelessly jealous of her conduct with perfect strangers; that he would strike her, had kicked her, and caught her by the throat; further, that Mrs. Lindsay (a neighbour) repeated and confirmed the wife's statements, and said that Smith acted like a madman about his wife, and imagined things that had no existence.

In his evidence, Dr. Iffla stated that he was in the room with Smith for 20 minutes, and gave details of the conversation between them, contradicting most positively what had been alleged by Smith, both as to the shortness of the time occupied by his visit and the putting only of three questions.

A great deal of conflicting evidence, much of it of a very purposeless sort, was taken; for while several neighbours, as well as Mrs. Smith and her two daughters, testified to the absurdity and violence of his behaviour, and expressed the opinion that he was mad and dangerous; others, including former employers, and warders of the asylum, were as positive that there was nothing insane about him, and that he was in no way different from what he had been for years. There is no doubt that the evidence in favour of the opinion about Smith's insanity was greatly weakened by the circumstance, that his wife occupied the same room with him the night before his removal to the asylum; and by the fact that one of the daughters made some absurd remarks about his condition depending on the phase of the moon, what she said being really like a carefully got up lesson. The medical evidence too, was conflicting, and some of it scarcely relevant, the only approach to agreement being, that they would not have signed a certificate on the strength of the proofs given in Dr. Iffla's. In favour of the correctness of his proceedings there were the circumstances, that while Smith was most circumstantial in his statements about his wife's behaviour, his case, as it might appear, depending largely on the truth of these, he did not bring forward

one tittle of independent testimony in support of them. It is not easy to conceive of a woman behaving, as he alleged his wife to have done, and yet not one person in her own family, or among her neighbours would testify to the least act of impropriety. On the contrary, they seem to have been unanimously of opinion that the charges were not only unfounded, but absurd. Jealousy is not in itself, of course, any proof of insanity, but it must have bounds, and some show of justification. Dr. Pa'ey, inspector of lunatic asylums, said, that if he had considered the certificate unsatisfactory he would have returned it, but did not do so, and kept Smith, or allowed him to be kept, in the asylum from May 17th to July 14th, when he was discharged on a judge's order. Under cross-examination Dr. Pa'ey said, that on the supposition that Smith's statements about his wife's conduct were unfounded he was clearly labouring under a delusion, and might properly enough be described as insane. Dr. Youl gave similar evidence, adding that persons cherishing delusions of that particular kind were apt to be dangerous. The balance of testimony clearly was in favour of the view that Smith's charges were unfounded; it followed, therefore, according to these experts, that he was suffering from delusions deserving the title of insanity. On the other hand, Drs. Barker and Knaggs, who had examined Smith in the asylum, were clearly of opinion that there was nothing to show that he was or had been insane.

The points that might be considered to tend toward the view of Smith's insanity, in addition to those already mentioned, are these: He had always been eccentric and excitable in disposition; he had been drinking steadily for some time, and had evidently been uncomfortable in his family relations, and probably, as a result of these exciting causes, had become violent in demeanour, one neighbour—Rachel Appleby—testifying that he used to walk up and down before her place like a caged tiger, stamping his stick and rolling his eyes, this continuing week after week. Another neighbour, George Potts, stated that Smith came to him in a terribly excited state, saying that Strugnell was not fit to live, and that if he could get him in the park for a couple of minutes he would make short work of him. Strugnell himself declared that Smith had threatened his life twice; and James Stewart said that he had been called in to protect Smith's wife and family from his violence. In addition, there is the circumstance—not without significance—that Smith had, for about five years, suffered from sciatica.

With all this cumulative evidence before him, let us see what position the judge took up in his charge to the jury. And, to begin with, we must give expression to our opinion that Mr. Justice Williams did not at all rise to the occasion, and gave no proof of possessing, in large measure, the judicial faculty. He seemed to forget that he was no longer pleading at the bar, but sitting on the bench, and assumed a tone little befitting the position. If we have to characterise his charge as containing some puerility, and a great deal of gratuitous insolence, we are not saying more than his own language fully justifies. After telling the jury that the issue finally resolved itself into one point—"Did the defendant negligently give the certificate?" he went on to admit, with the defendant's counsel, that if the plaintiff was insane it could not be said that the defendant gave that certificate without reasonable and probable cause, or that he gave it negligently. But when he came to discuss this point—insanity or no insanity, the issue on which the case finally turned, and on which the jury was most dependent on him for guidance—he missed the opportunity of defining clearly what insanity in the eye of the law really is, and wherein the legal definition differs from the medical doctrine; for of definition of insanity, from the medical point of view, there is none. Instead of devoting himself to such a discussion, which would fully have occupied his time, and tried his powers, he thought fit to talk in the following way:—"It was right to observe that insanity was a most delicate question. Medical men were apt to theorise on it, and to refuse (refine?) to such an extent, that they came in conflict with one another." As if, forsooth, lawyers did not theorise on this very subject; Mr. Justice Williams' own notions about it, for instance, certainly not being based on a practical acquaintance with the phenomena of mental disease. The legal doctrine on the question, as laid down by the highest authorities, is to the effect, that a man can be regarded as insane only if he is a raving maniac, or so overmastered by delusions as to be plainly incapable of managing his affairs, and unfit to be left at large. It recognises no transitions between health and disease of mind, and having no delicate and shifting boundary line to fix, it has, of course, no difficulties. But, as a matter of fact, there is every possible shade between mental soundness and insanity, and that being the case refinement in distinction is indispensable, and conflict of opinion

inevitable. Conflict, under such circumstances, is much more excusable than in the constantly recurring differences among lawyers, and even among judges, about the interpretation of statutes, framed by lawyers, and surely intended to be clear. The remark was uncalled for. If made without due consideration, it was meaningless and unbecoming; and if deliberate, it could only be intended to incite the jury to lay aside medical evidence entirely, and that on a question about which properly trained medical men alone are entitled to speak with authority. His Honor proceeded to justify his statement about medical theorising in this way: "It was illustrated in this very case, where some of the medical witnesses said that, because the plaintiff told his story to them in a calm, unimpassioned way, as if he had no interest in it, they considered him insane. Other medical men said that, because he was excited, spoke quickly, and was restless when telling his story, he was insane." It does not seem to have occurred to the learned judge that both classes of witnesses might have justification for their opinion. The more calmly and circumstantially a man tells an utterly absurd story, the more likely is he to be insane. We can excuse him for saying absurd things under the influence of anger or other excitement, but in the absence of such excuse we plainly hold him the victim of delusion. In the same way a restless and excited demeanour, without any, or without adequate cause, may, under other circumstances, be a link in the chain of evidence establishing the existence of insanity. The imaginative passage about mad doctors might very well have been left out. Except by way of suggesting further doubt, in the minds of the jurors, as to the value of medical testimony in this and similar cases, it was valueless, and its tone was, to say the least, flippant if not vulgar. "They would probably remember that, not many years ago, there were in England what were called 'mad doctors,' and there was hardly a criminal case of any importance where these doctors did not come forward and allege that the person was insane, till at last judges and juries set up their backs against these 'mad doctors.'" The worst that can be said about the men so characterised is, that some of them condescended to come into court, and play the part of advocate for the accused, a somewhat venial offence, one might have supposed, in the eye of a man who, in the course of a successful career as a barrister, must often have been conscious that, for a fee, he was trying to prove the worse to be the better cause. In many cases, however, the men, contemptuously dismissed as "mad doctors," bore the names of Maudsley, Winslow, Bucknill or Tuke, and as regards either ability or honesty were, to speak in mild terms, not a whit inferior to Mr. Justice Williams. They ventured to uphold, on scientific grounds, a doctrine which the lawyers, on theoretical grounds, refuse to accept; and so opprobrious epithets are supposed to be the right way of describing them. It might very well be said, and with greater need, that it is time for doctors to be putting up their backs against ignorant judges and juries, but that these, unfortunately for us, occupy such a post of vantage.

The remainder of the charge, as reported in the *Argus*, of Nov. 9th, from which the above quotations have been taken, seems to us to display the same tone of what, but for our respect for the bench, we would be compelled to call partisanship. The evidence, favouring the view that Smith was insane, was systematically underestimated, and as far as possible explained away; Dr. Paley's very important statement, hypothetical as it perhaps was, being almost slurred over. The careful enquiries, made by that gentleman and Dr. Youl were made use of—not as they fairly might have been, to show that there was some probability in favour of the defendant's certificate being correct in substance—but simply to impress on the jury the fact that Dr. Iflla had been less careful. It is scarcely matter of wonder, therefore, that the jury, after an hour's deliberation, gave a verdict for the plaintiff, with damages to the extent of £520.

In reviewing the case, it must be admitted that Dr. Iflla might, with advantage, have been more deliberate in his investigations. And yet, considering the fact that the sergeant of police and all the neighbours agreed in holding Smith to be mad and dangerous, it is scarcely to be wondered that, finding him deliberately adhering to a story which everybody considered absurd, Dr. Iflla should have been somewhat easily satisfied with the result of his personal observations.

The alternative—Was Smith insane? we contend, was not put before the jury in such a way as to carry any weight, and yet, on that the decision as to negligence really turned.

The defendant appealed, and the case was argued before Justices Higginbotham, Holroyd, and Williams, on the double ground that the verdict was against evidence, and that the damages were

excessive. The appeal was rejected unanimously. Mr. Justice Higginbotham, to our reading of his judgment, as reported in the *Argus*, of November 29th, was inclined to look favourably on the defendant's case, saying, however, that the question of negligence turned very much on whether the jury believed the statement of Smith or Iflla as to what passed between them, and that they evidently believed Smith. As he said it was for them to decide on that point, and having decided, their verdict could not be overthrown. For some reason, which we cannot profess to understand, Mr. Justice Higginbotham declined to discuss the evidence on the point of Smith's insanity, and, to that extent, his judgment appears to us to be unsatisfactory, because incomplete. As a whole, however, the character of that judgment was such as to make us regret that the case had not the luck to be tried before him originally, when all its points must have been gone over, and a charge put on the books worthy of being referred to.

Independently altogether of the result in this particular case, questions have been raised, which must be taken note of, as involving seriously both public interests and professional responsibility. The law as to the admission of patients to lunatic asylums, without having been committed by a magistrate, is, as it stands, absurd, and calls for amendment. At present, in Victoria, on the certificate of any two medical men, whatever their character or attainments, any person may be committed to an asylum. We contend, that there should be an alteration in this respect; that no one should be confined in an asylum, otherwise than he would be confined in a prison, that is, as the result of the decision of a magistrate or magistrates, who give sentence of committal, after hearing and weighing both medical and general evidence. The object may be to avoid publicity, and spare the feelings of friends, but the liberty of the subject should be guarded by being entrusted to legal tribunals alone. It is unfair to throw the responsibility on medical men, and it is absurd to entrust it to any and every man, whose name happens to be on the register as a legally qualified medical practitioner. If this provision of the Lunacy Act is to stand, it should be modified, at least to the extent of appointing certain men who might be considered experts, and whose functions would, for this purpose, be judicial. One or other of these changes should, without delay, be made.

It is, perhaps, useless to speak of another reform, which is urgently needed, and that is, an alteration in the system which leaves to an untrained jury the task of settling whether or not a person is insane. In some cases there need be no difficulty; but these are just the ones which do not come into court. We have already indicated our opinion that a medical man, as such, is not necessarily competent to give a valuable opinion on this question, and, in doing so, we went on the simple ground, that if no one supposes all medical men equally competent to operate for cataract, or to settle the nature of an obscure case of cardiac disease, still less should this be assumed with regard to a difficult case of insanity. For a true knowledge of mental disease, a man must be both a psychologist and a physician, and all that cannot be predicated of the average legally qualified medical practitioner. If we admit so much as this, we certainly cannot allow that twelve average untrained laymen, neither psychologists nor physicians, ought to have the duty put upon them. It ought to be the duty of the judges to call in the assistance of some jury of experts, who would not act as witnesses, either for or against, but would advise the bench on a professional point. This must come, but perhaps not until, in the eye of the law, insanity is regarded as a disease, and not merely as an aberration in morals or intellect.

One other criticism, and we are done. It is impossible not to look with reprobation on the position, occupied in this case, by gentlemen holding the responsible position of official visitors of lunatic asylums. They receive a salary, whether adequate or not matters little, to see that persons are neither improperly admitted, improperly discharged, nor improperly detained; and yet we have one visitor, the defendant in the present action, for a fee, signing a certificate for the admission of a patient, seeing him afterwards in his official capacity, and discussing the conditions on which he might be discharged. Then we have another visitor receiving fees to examine specially the same patient, and taking active steps to secure his discharge. All this may, from the strictly legal point of view, be permissible, but nevertheless it is eminently improper, and we trust that, by some regulation, it shall be made compulsory on official visitors to abstain, while holding office, from taking any part as private practitioners in the admission or discharge of patients. We may surely hope that the attention excited by this case will lead, at an early date, to a comprehensive revision of the lunacy statute.

SOME NOTES ON DISINFECTANTS.

BY JAMES JAMIESON, M.D.,

Lecturer on Obstetrics, and Diseases of Women and Children,
Melbourne University.Read before the Victorian Branch of the British Medical Association,
at the request of the Branch Council.

The circular sent to the members of the medical profession in Victoria, by the Central Board of Health, raised a number of questions, which it is of some importance for us to consider.

There is no doubt that the Central Board has displayed great activity in making arrangements for dealing with a possible outbreak of smallpox in this Colony, and I am persuaded that all fair and reasonable assistance will be given by our profession. But I am not quite prepared to allow that the circular is, in all respects, the kind of document which should have been issued. When any authority gives forth regulations, it should either frame them in such a way that they can be enforced; or, if that cannot be done, they should be clearly and explicitly stated, with reasons for their adoption.

Now, the circular tells us to do certain things, the doing of which can in no way be enforced, and then adds a covert threat of dreadful penalties, which may be inflicted in case of failure. There have been specimens before of this objectionable use of what may be called stage thunder, and its use was somewhat out of place in the present instance. We are told that, unless we make personal and immediate use of the disinfecting bath, after visiting any case of smallpox, and unless in such visits we make use of a special suit of clothes, and take due precaution in changing them, the necessity may arise for placing the medical attendant in quarantine along with the patient.

Now, the things enjoined are not explicitly stated, and are by no means easy to carry out. I do not know what is the disinfecting bath, which I must take immediately and *personally*, and if I were informed, it does not follow that I would consider it necessary.

So about the suit of clothes, and the due precaution to be taken in changing them. It is not very clear what should be regarded as due precaution, and yet these are points on which the Central Board, which ought to be composed of, or to contain experts, might fairly have been expected to give us advice or information, when it thinks proper to enjoin them upon us. It may be doubtful what steps should best be taken to provide medical attendance for the first cases of smallpox which may occur, so as to guard as completely as possible against the conveyance of the disease by personal intercourse. I think the suggestion made by Dr. Cutts, that the Central Board should appoint one or more medical men to attend such cases, is a good one, although there would still be the difficulty occasioned by some person expressing dissatisfaction with the medical man appointed, and asking for the attendance of someone else. It would be open, of course, for any medical man to decline attendance, and take the consequences, pecuniary and social. I do not suppose that any of us has the slightest wish to visit such cases, as the loss, in many ways, would probably be greater than the gain; but it might not be an easy thing to refuse. It is not likely that legislation, forbidding a medical man to attend certain cases, when requested, and when willing to do so, would be agreed to. Failing that, a strong recommendation to the profession to decline, and to the public to forbear from asking other medical attendance than that provided by the State, might be made. Whether it would be attended to on either side, in special cases, may well be doubted; and, I think, we must look forward to the necessity sometimes arising for private practitioners visiting such cases. There is the possibility, too, of a medical man being called to a case for the first time, and finding it to be one of smallpox. Supposing that to happen, the question is, how best may the carrying of contagion be prevented? This naturally raises the further question about disinfectants, and their uses, and to that I may now shortly address myself. It is generally admitted, as at least probable, that the virus of epidemic contagious diseases consists of, or is attached in some essential way to, living organisms, which, directly by their own processes of growth and multiplication, or indirectly by some poison which they manufacture, bring about the symptoms of a particular disease. Contagion we take to mean, therefore, the conveyance to a healthy person of such

organisms, or their germs, which being introduced into the system, there begin to multiply, and cause morbid conditions in accordance with their specific character.

Any process of disinfection must aim at the destruction of these organisms after they have been thrown off from the body of a person suffering from one of the specific contagious diseases. Something has been done by Dr. Dougall* and Dr. Baxter,† and by some French and German pathologists, in the way of testing the action of some well-known disinfectants on certain specific viruses, such as those of vaccinia, septic inflammation, and glanders. Sufficient has been done to show that these viruses have their specific properties destroyed by methods and agents, very closely resembling those by which the organisms causing putrefactive and fermentative processes can be destroyed. It is fair matter of inference, therefore, though not a certainty, that whatever may be relied upon to destroy the latter may, so far as applicable, be also relied on to destroy the specific properties of a virus. It may be presumed to act by killing the specific organisms, though it is true, that the presence of such organisms may not, in all cases, have been proved. Much of our exact knowledge, about the comparative strength and mode of action of disinfectants, has been derived from experiments with that very common microscopic organism, the *bacterium termo*, which is recognised to be the cause of the putrefaction of animal matters, though species of *bacillus* have also been used for similar experimental purposes.

It is generally taken for granted that the boiling temperature, if kept up for some time, will destroy all adult organisms in the moist state, even though it has been shown by Tyndall and Pasteur, as well as by Bastian, that, for the destruction of the spores of the *bacillus subtilis*, there is needed either a higher temperature, of about 230 deg. F. for a short time, or several hours' boiling at 212 deg. F. It is probable that the germs of every specific disease will be destroyed if boiled even for a few minutes, but I am not prepared to say that that will always suffice, and, in fact, it seems to have been shown that sponges, which have been impregnated with the septic virus, cannot with certainty be purified by mere boiling in pure water.

It is well known that many seeds and germs, when thoroughly dried, can bear a much higher temperature than 212 deg. F., and some seeds can bear exposure to a temperature of 275 deg. F. for something less than 20 minutes, and of over 250 deg. F. for three hours, without being with certainty killed.‡ While, therefore, it may be probable that exposure to a dry heat of 250 deg. F., for half an hour or more, is sufficient to destroy all germs of contagion, it has by no means been proved.§ The directions given in the circular, extracted from "Instructions to Local Boards," that clothing, &c., should be instantly and thoroughly disinfected by passing the articles through boiling water, or subjecting them to a temperature of not less than 212 deg. F., can, therefore, scarcely be considered adequate in the present state of our knowledge. But it is time we came to consider the use of chemical disinfectants. These are effectual apparently in proportion to the poisonous influence they exert on organisms and their germs, and not solely, if so much, by chemical alterations produced on albuminous and other matter with which they come in contact. Many articles, such as sulphate of iron, alum, lime, &c., may seem to act as disinfectants, because they precipitate or harden albumen, or other animal substances, and so delay or prevent putrefaction; or, because they decompose evil-smelling sulphur compounds, and so banish for a longer or shorter time some of the unpleasant accompaniments of putridity. But either or both of these may be done, and yet the organised germs remain alive, waiting an opportunity to begin their work again. The popular notion, that any substance is a powerful disinfectant, because it destroys or covers a powerful smell, is an erroneous one. Bad smelling gases may be destroyed, or merely absorbed, by many articles, and yet nothing like proper disinfection takes place. On the other hand, some agents are capable of acting as powerful disinfectants, without necessarily at once banishing the disagreeable odours accompanying the process against which they are used. In so far as they are efficient they will, of course, prevent the further formation of these odours. A substance, therefore, may be a deodorant without necessarily being a disinfectant, and a disinfectant

* *Glasgow Medical Journal*, November, 1872, February, 1873.

† Report of Medical Officer of Privy Council, No. vi, 1875.

‡ See Cohn's "Beiträge," Bd. II., Heft 3, 1877.

§ See a table in Buck's "Hygiene and Public Health," Vol. II., p. 550, 1879, where it is stated that a dry heat of 230-250 degs. F., for six hours, is needed for the disinfection of the clothes of smallpox patients.

is not of necessity a direct deodorant. These distinctions should be constantly kept in mind, though they are too often overlooked. This should be said further, that the typical disinfectant should also possess deodorising properties, and this can always be got by combining agents, which are not mutually destructive; many of the prepared disinfectants, sold for popular use, being in fact mixtures of the sort.

Of the many substances which have, at various times, been proposed, comparatively few are generally used, and when we have named the permanganates, chlorine, carbolic acid, and sulphurous acid, we have included all that are frequently used, or well known. The permanganates, in the form of Condy's fluid, though powerful disinfectants, are not very suitable for common use. They seem to exert a poisonous action on bacteria, but that action is a slow one, and being themselves so easily decomposed in contact with most kinds of organic matter they may readily fail, by expending themselves in oxidising harmless substances. Their application, both on this account, and because of their expensiveness, is therefore very limited.

The reputation of chlorine as a disinfectant is not nearly so great as it was, even though it has powerful properties, both in that way and as a deodorant, under suitable conditions. Chlorine gas, in the dry state, has little if any action on bacteria or their spores, and therefore it is almost useless for fumigating rooms or articles of clothing.* It is useful for cleansing cesspools, drains, &c., and for sprinkling freely over, or mixing with putrid matters in the moist state, in the form of chloride of lime. The great objections to it are its disagreeable smell and irritating properties; but rightly used it has considerable value. It is utterly vain, however, to sprinkle chloride of lime over floors or yards, with the hope that it will purify the air, or kill specific particles in it, or on walls and other surfaces.

For practical purposes, the most reliable of disinfectants are carbolic and sulphurous acids, each of them having distinct and special uses of its own. The action of both has been made the subject of numberless experiments, and they enter into most of the common preparations placed on the market for popular use.

Carbolic acid is one of the best agents for disinfecting matters with which it can be brought in direct contact in the moist state. It has been largely experimented with, and the proportion necessary for killing bacteria, and for destroying the infective property of the vaccine, the glanders, and other viruses, has been clearly established by Baxter, Davaine and others. An addition of one per cent. of carbolic acid has sometimes been found to render liquid virus innocuous; but that strength, and even one-and-a-half per cent., have been found to fail, and less than two per cent., therefore, cannot be considered sufficient to produce the full effect. Whatever the preparation used, the mixture, after addition, should contain this proportion if certainty is desired.† It is probable that, as ordinarily used, such a strength as that is rarely attained, and the effects must be proportionately uncertain. Dusting a thin layer of carbolic powder over the contents of a nightstool is, therefore, a very fruitless procedure. Carbolic acid is not well adapted to serve as an aerial disinfectant, i.e., for attacking, in the form of vapour, dried particles suspended in the air, or resting on walls or clothing. Dr. Baxter found that dried vaccine virus had to be exposed, in a stoppered bottle, to the action of air saturated with carbolic vapour at ordinary temperatures for more than half-an-hour to secure destruction of its infective property. In some experiments which I made with dried bacteria, as reported in the Transactions of the Royal Society of Victoria, for 1877, I found at least three and a-half hours' exposure to the saturated vapour, obtained in the same way, was needed to ensure their destruction.‡ If this is the case, what conceivable benefit can be derived from leaving carbolic powder in saucers in a sick-room, or from sprinkling it lightly over floors or passages? It does nothing, in fact, but give a false sense of security.

Sulphurous acid mixed in solution with bacteria, or with any kind of infective virus, seems to have a very powerful destructive influence. It should be added until the mixture is strongly acid, and contains from two to three per cent. of the sulphur dioxide itself,

though in Baxter's experiments a-half and three-quarters per cent. sometimes sufficed.

The solution of SO₂ in water, as usually sold, is not always reliable, being apt to vary greatly in strength to begin with, besides being very liable to decomposition when long kept. Though strongly recommended by Baxter, it has disadvantages, which may account for its not having come much into use, and it is not in fact a good working disinfectant in substance. As an aerial disinfectant, on the other hand, it has undoubtedly the first place. The gas is as easily evolved into the atmosphere as chlorine, over which, independently over other qualities, it has the great advantage of having been proved to act destructively on quite dried bacteria, and various kinds of virus, the action of chlorine in the absence of moisture being very doubtful. My experiments showed, that an exposure of dried bacteria to dense fumes of sulphur, in a close box for 10 minutes, may be sufficient for their destruction. Dr. Baxter always found that an exposure of 10 minutes was sufficient to destroy the infective power of dried vaccine virus. To get that effect the air must be very fully saturated with the vapour, and in less strength a longer time would be needed, with diminution of certainty in direct proportion to the attenuation. With all kinds of aerial disinfection, either by heat or by vapours, the elements of time and intensity are, to some extent mutually compensatory; a certain minimum, not always easily ascertainable, being of course required. With reference to the sulphurous acid gas required to exist in the atmosphere, in order to effect the destruction of vegetable organisms, careful experiments are reported by Prof. Hoppe-Seyler (*Medicinisch Chemische Untersuchungen*, pp. 418 and 580). It was proved that one-quarter of a volume per cent. (1 to 400) killed fresh yeast in 15 hours' exposure, and that fungoid spores could be destroyed with one volume per cent., the time of exposure not being stated. To cause the production of sulphurous acid gas of that degree of saturation, viz., one per cent., it would be necessary to burn about two ounces of sulphur to each 100 cubic feet of space. The sulphur, of course, must be completely burned, and the room kept closed for a considerable time. With reference to the possible bleaching of coloured fabrics, it may be said, that an exposure of 24 hours, in an atmosphere containing half a volume per cent. of sulphurous acid, was not found to have injured any one out of 30 brightly coloured articles.

About the prepared disinfectants in the market much need not be said. The best known is Calvert's carbolic powder, and with that I have made some experiments. The vapour exhaled by it I did not find to have any apparent effect on dried bacteria, but when freely dusted over filter paper, in which they were dried, it soon exerted a destructive action. As chairman of the Jury on Disinfectants, at the Melbourne Exhibition, I took part in some test experiments, carried out by Mr. Manley Hopwood as expert. None of the preparations sent in showed themselves capable of preventing the putrefaction of diluted blood when mixed with it in the strength of less than about 1 in 80, and even at that strength most of them failed. To serve any good purpose it is apparent that they must be used liberally.

In conclusion, let me come back to the question of preventing the conveyance of contagion on the clothes or person. My own habit, and I believe it to have been a successful one, has been the following: When I knew the nature of the case I was to see—measles or scarlatina—I wore an overcoat closely buttoned, and coming home I removed that, or whatever other coat I happened to have on, and with my own hands hung it on the line outside, to be fully exposed to the air and sun. I washed my hands and face, and sprayed my wrists, neck, and other exposed parts with a 2½ per cent. solution of carbolic acid. After having done all that, and been in the open air for some time, I was not afraid to come in contact with my own children. The weak point about these precautions is the management of the coat or other garments. Few houses have facilities for thorough fumigation, perhaps once every day or oftener; and while I do not doubt that full exposure to the sun for a few hours will remove or kill almost with certainty any dried particles, it may not do so in the absence of wind. I do not apprehend that there is any likelihood of particles, carried to a distance by the wind, infecting a healthy person, what is called the infecting distance of zymotic diseases being limited to a few feet.

The subject of disinfectants is such a large one, that I have not been able to give more than a bare indication of what is known and proved about their action. A good deal of reliable knowledge has been accumulated, and there is no doubt that we have some agents which, properly used, can be depended on to destroy specific viruses.

* See Cohn's "Beiträge," Bd. I., Heft 3, p. 41.

† See Baxter, *loc. cit.*, and Hoppe-Seyler, "Medicinisch Chem. Untersuchungen," p. 569-70.

‡ These observations are in accord with those of Schroeter (Cohn's "Beiträge," Bd. I, Heft 3), though he refers to a case where a room was cleared of mould by filling the air with carbolic vapour, raised by heating the crude acid over a stove.

BLUE GUM STEAM IN DIPHTHERIA.

By JOHN MURRAY GIBBS, M.B. et Ch.M. Aberd., M.R.C.S.E.,
Coroner, New Plymouth, New Zealand.

In October 8th number of the *British Medical Journal*, the question is asked: What is the best local treatment for diphtheria? I shall review the various remedies given, and see whether they answer the requirements of the disease, and then bring forward one I have used for some time, and found most successful.

In the first place the local remedies required must be of such a character as will prove satisfactory in severe as well as in mild cases. In severe cases the false membrane covers not only the fauces and pharynx, which are get-at-able, but also the nasal passages, larynx trachea, and bronchi. In the second place—They must not injure the parts when applied. In the third place—They must protect the parts from the virulence of the attack. Fourthly—They must neutralise the poison. And lastly—They must be of such a character that any ordinary attendant can administer.

Our first remedy given is A. Tannic, dissolved in spirit and water, to be applied to the throat. This treatment may do in mild get-at-able cases, but will not do if the larynx is affected. The second is sulphur blown through a tube. This has failed in times out of number, when entirely depended on, for the sulphur is simply washed down the throat with the saliva, and cannot dissolve the rough membrane. This was used here lately in four cases; two died, and the remainder were paralysed for weeks, shewing that it had no power to neutralise the poison.

We then come to hyposulphate of soda in glycerine, for swabbing the throat and spray; the spray to be used for two or three minutes at a time three times a day. This could have no effect on a roughened membrane, and how much of it would reach the bronchi in a severe case, and what good would it do if it got there for so short a time? The membrane, especially in croupous diphtheria, sticks tight to the parts, and cannot be removed so easily; in fact, it generally sloughs off of itself. A patient is suffocating from impeded breathing. The larynx is covered with a dense lining, and is it reasonable to suppose that any spray would dissolve or remove it? No external applications, as mustard-blister. Hot fomentations relieve the breathing; not hot tartar emetic or aconite. In such a case what does the physician do? Calls the surgeon to open the throat, an admission that the case is beyond him; that the disease has mastered them.

We then find Arg. Nit. 5 grs. to a drachm prescribed for swabbing the throat, or Ferri Perchl. and Pot. Chl. internally. This, like the last, is good enough for mild cases, or herpetic sore throats, but is useless in severe ones.

The above are the treatments generally adopted for this complaint. Dr. S. Woakes, in B. M. J., No. 1073, page 123, says: "I do not recall a single fatal case in which the following plan was adopted, provided the larynx or air passages proper escaped, though nearly every instance in which those organs were implicated ended fatally," and these are the cases we are most anxious about, for I believe 50 different remedies would benefit the simple cases, for many cases of so-called diphtheria are simply cases of tonsillitis, and various kinds of faucial angina, catarrhal or herpetic. Now, what is diphtheria? Simply a false membrane, which suddenly begins to grow on the throat and lining of the air passages. The indication for treatment is to remove it as gently as possible, without injuring the lining of the throat. Death takes place from two causes: 1st. Suffocation by the breathing apertures being closed by the false membrane; 2nd. By siphsemia, the blood being poisoned by the entrance of the minute organisms into it, through apertures, nine times out of ten, made by the skilful physician by caustics, according to the barbarous treatment adopted by many.

Colonial country practitioners have large districts to attend to, and are not able to visit their patients daily, or two a day, and have, in treating those who live 10, 20, or 50 miles off, to depend on unskilled attendance; and a lengthened experience in this colony has taught me, that the simpler the treatment the more successful. Telling them the why and the wherefore of all you do, and by appealing to their intelligence, you will, on your next visit, find that your directions have been carried out to the letter.

The following treatment I have followed during a very severe epidemic in a district 16 miles from town: 1st. Swab the throat thoroughly, so as to remove all get-at-able membrane, with Liq. Fer. Perchl. Dil. and Glycerine in equal parts; any higher strength only causes pain and uneasiness shooting through both ears. This is to be done every eight hours, or oftener if required. Immediately after give a teaspoonful of honey and sulphur, which is to be slowly

swallowed. I tried sulphur and glycerine, but found that it made the patients sick.

2nd. Pour boiling water on blue gum leaves, and let the steam be inhaled day and night. Drawing steam through an inhaler, or holding the head over a jug is a most wearisome process, and you find that patients, especially children, soon get tired of it, so I order the pan, jar or jug containing the infusion to be placed on a chair beside the bed, and a tent of the bed-clothes made over it and the patient's head. This conveys the steam to the patient without exhausting him. Children will submit to this for hours without complaint, as they soon feel the soothing effect, all uneasiness and pain in the throat leaving. Of course, in the milder cases, the steaming does not want to be used so often, once every hour for 20 minutes being enough. If the larynx and air passages become affected, which is at once known by the breathing becoming difficult and croupy, or if there is difficulty in swallowing, the steaming must be carried on continuously for hours. In several cases, after five or six hours' constant steaming, complete casts of the air passages were coughed up, and the breathing became easy at once.

One young lady, tapping the upper part of her sternum, said, "It is here." She could not swallow a teaspoonful of water; her lips were blue, and her face of a dusky hue; but after hours of constant steaming the membrane was coughed up, and the breathing became at once easy. She told me the next day, "The steam saved my life." I ask, what other remedy except steam would have removed this mechanical impediment to the breathing? In one case where steam was not carried out the little patient (aged 8) was semiasphyxiated for three days before death put an end to her torments. It was the first case of this epidemic I saw, and was not able to sufficiently impress the attendants with the importance of the constant use of steam.

One young lady, aged 10, had no membrane perceivable, with the exception of a very thin film, when I first saw her, which I removed with the mop, and yet on the eighth and ninth day the breathing gradually became difficult, and the face dusky. After hours of constant steaming she coughed up large patches of membrane. Force must not be used in mopping or swabbing the throat. Apply the mop, and firmly twist it round, and leave any that will not come away. You must not make the throat bleed, or form any sores through which the organisms can enter into the blood.

In blue gum steam we have a most perfect disinfectant, as in no case, after the first 24 hours, was the breath unpleasant, and the swelling in the neck quickly subsided. Towards night the patients generally became feverish and restless, and unable to sleep, and it was wonderful to watch the soothing effect of the steam. A bucket was generally placed in the room containing blue gum water, and a red-hot poker placed in it, which at once filled the room with steam, and very shortly one child after another would fall asleep. I generally gave a fever mixture, containing Sp. Ath. Nit., Pot. Nit., Sp. Chloro. Liq. Am. Acet. and Aqu. Camph. Blue gum leaves or Sulphur poultices around the throat at the commencement.

As a rule most of the little patients suffered very little, laughing and playing in bed. I found that the fresh air had to be excluded, as on opening the windows, even in this mild climate, the breathing quickly became difficult. The blue gum steam purified the atmosphere of the room; in fact I never detected any smell in any of the patients' rooms but blue gum. The unaffected children were every evening congregated around the bucket of blue gum water, and every room fumigated with it, and all the drains flushed with the refuse water.

Twenty-four cases were treated as above, with the death of one infant, aged eight months. There were six other children ill in the same family, and not one case of paralysis has occurred amongst them, although two treated by their parents with sulphur are both badly affected.

I think that I can claim for the above treatment:

1st. Great simplicity.

2nd. That it follows Nature's own way of getting rid of the membrane, viz., by suppuration.

3rd. That it prevents paralysis from following.

4th. That it cures the severest cases.

Hikurangi, where this epidemic occurred, is 16 miles from here, and is about 300 feet above sea level, being exposed to sweeping winds. The soil is light and porous, and there are no swamps in the neighbourhood; in fact, it has always been considered the healthiest spot of this very healthy province (Taranaki). The district is inhabited by small farmers, a very sober, hard-working class, all very comfortably off, and their houses and surroundings very clean.

Most of the children in this province suffer very severely from round worms. I saw one child this morning, aged three, who has brought away 22 within the week. Most of those who suffered from diphtheria brought away several.

The question naturally arises, as to the cause of this epidemic. I found that several of the first affected complained of their throats after passing a putrid horse close to the roadside. The children often complained of the school well water, which passes through a submerged forest 20 feet below the surface. A very severe epidemic of diphtheria appeared in this province 20 years ago, and only a few of those attacked recovered, burning the throat with caustic being the only treatment; and when it again visited the province the settlers became in a measure panic-struck, thinking there was no cure for it; many living miles in the bush away from a medical man, and too poor to pay for attendance. I adopted a course which, under other circumstances, would not be considered professional to many, that of publishing in the local papers a short account of the above treatment, feeling that I was perfectly justified in so doing, having such perfect confidence in the means I gave, not only of curing the disease, but also of preventing the spread of so dangerous an epidemic; and the result has proved itself beyond my most sanguine expectation, as I was able to confine it to one small district. In six cases the membrane extended to the bronchial tubes, and yet the patient recovered.

REPORTS OF SOCIETIES.

THE CANTERBURY MEDICAL SOCIETY.

The ordinary monthly meeting of this Society was held at Christchurch, N.Z., on the 12th January.

The chair was taken by the President, Dr. Turnbull.

Dr. McBean Stewart read a paper "Upon the application of electricity to the gravid uterus."

Dr. Stewart gave the particulars of several experiments, made by him, in cases of atony of the uterus, and strongly urged the value of electricity as an aid during labour. He claims for it the following advantages:—1st. That it is a direct imitation of nature. 2nd. There is no risk of injury to mother or foetus as with ordinary instruments. 3rd. The ease and comfort to the practitioner. 4th. The rapidity with which the labour proceeds at the will of the operator. 5th. The thorough contraction of the uterus.

Dr. Hacon drew the attention of the Society to the successful propagation of the Brussels calf lymph, lately introduced by the New Zealand Government into Christchurch. The supply sent by Dr. Hacon to Melbourne had been very highly appreciated.

Mr. Anderson exhibited a patient from whom he had removed a large portion of the lower maxilla for osteo sarcoma.

AUSTRALIAN HEALTH SOCIETY.

Melbourne, January 12, 1882.

James Jamieson, M.D., in the chair.

The council of the Australian Health Society held its annual monthly meeting at the Athenæum. Letters were read from principals of schools acknowledging receipt of the prizes won at the Society's examination in physiology. A report was received from a sub-committee appointed by the Geelong branch to report as to the state of the laws bearing upon the public health, and the amendments required to enable the local boards of health to act without delay in cases of outbreak of epidemic, endemic, and contagious diseases. A sub-committee was appointed to take charge of the matter. At the previous meeting the council had decided to have 200 sets of the first series of the Society's publications bound for presentation to the public libraries, mechanics' institutes, &c., of the colony, and the tender of Messrs. Sands and M'Dougall having been accepted, it was announced that the volumes were ready for issue, and copies were laid on the table.

MEDICAL SOCIETY OF VICTORIA.

The annual meeting of the Medical Society of Victoria was held in the hall of the Society on Wednesday evening, January 18. There was a large attendance of members, the president, Dr. James Robertson, occupying the chair.

Dr. James Robertson, the retiring president, delivered an address on the progress which medical science had made during the year 1881.

PUBLIC HEALTH.

THE THROAT AFFECTION AT MERINO, VICTORIA.—In our last issue we noticed that Dr. Charles Smith, Health Officer at Casterton, had been instructed by the Government to investigate and report on this subject, and in his report, which has been received by the Central Board of Health, Dr. Smith states that he found a lad, aged 19, suffering from the following throat symptoms:—The throat presented the appearance of *acute follicular tonsillitis*, with small abscesses, and firm whitish matter exuding from the follicles, but no diphtheritic deposit was present. The parotid glands were slightly swollen, as a secondary result. Four other children were suffering from inflammation of the parotid glands in varying degrees of severity, one (a girl) having an abscess on the right side. The internal aspect of the throat in each of these cases was perfectly natural. There was no sign of diphtheria in any of its stages, either in the children or in the lad most recently attacked, whose throat still presented a whitish appearance in spots. Dr. Smith expresses the opinion, that the disease is *acute follicular tonsillitis*, with secondary inflammation of the parotid glands, ending in the more severe cases in abscesses. Two children had died before his visit from a very severe form of the same affection, the abscess in one instance having caused erosion of an artery, and death from hæmorrhage. Dr. Smith considers the unhealthy state of the premises, and their objectionable surroundings, such as a manure dépôt, a slaughter-house, a large pit containing stagnant water, bad smells emanating from a creek, decayed remains of dead animals, &c., a sufficient cause for the appearance and severity of the disease.

SMALLPOX has been introduced into all the Australasian colonies, with the exception of Queensland and Tasmania, by three mail steamers, within the short space of 17 days. The Orient s.s. "Garonne" arrived at Port Adelaide, S.A., on the night of January 2nd, the Pacific M.S. "Zealandia" reached Auckland, N.Z., on January 10th, and on the 19th January the P. and O. Co.'s R.M.S. "Mirzapore" arrived at King George's Sound, W.A.; each steamer having two cases of smallpox on board. The passengers, at the various ports, have been domiciled at the respective quarantine stations, and the patients entirely isolated. The authorities of the interested colonies, moreover, have taken all possible precautions, and the most stringent measures to prevent the dreaded disease spreading beyond the boundaries of their sanatoriums.

SMALLPOX in Sydney is apparently declining, there having been very few fresh cases during the month, and but few deaths have occurred.

A CASE of smallpox is said to exist at Lismore, N.S.W.

A FATAL case of diphtheria has occurred at the Ballarat Hosp., Vic.

DYSENTERY, in a virulent form, has appeared in the town and district of Ashburton, Prov. Canterbury, New Zealand. Some nine deaths from the disease occurred within four days.

ENGLISH CHOLERA is very prevalent at Stawell, Victoria.

ERYSIPELAS is spreading at Temora, N.S.W.

NOT a single case of erysipelas has occurred at the Hobart General Hospital during the last four years. This satisfactory sanitary condition is attributed principally to good ventilation, the separation of the closets from the main building, and the environment of the latter with trees.

OPHTHALMIA is very prevalent amongst the children at Temora.

SCARLET FEVER has broken out at the St. Arnaud Hospital; also, at Won Wron, near Pt. Albert, and at Alexandra and Mansfield, Vic.

DURING the year 1881 only eight deaths occurred at the Sunnyside Lunatic Asylum, Christchurch, N.Z., and as the average daily number of inmates was 265, the death rate is scarcely three per cent. The previous year, with an average daily number of 241 inmates, the deaths were 16, or at the rate of 6½ per cent.

ELEVEN DEATHS occurred in the General Hospital, Lady Bowen Hospital, Children's Hospital, Diamantina Orphanage, Infants' Asylum, Lunatic Reception House, Lock Hospital, Gaol, Immigration Depot, and Convalescent Home, all in the Registry District of Brisbane, during the month of December, or 22·92 per cent. of the total number of deaths in the Brisbane Registry District.

THE true infantile mortality, or deaths under one year, as compared to births in the district of Brisbane, has been 23·60 per cent. within, and 10·00 per cent. outside the municipality, and 19·38 in the whole Registry District. The average death rate of children under one year, as compared to births during the last ten years, throughout the whole of Queensland, is 12·97

NOTICES TO CORRESPONDENTS.

Articles, Letters, and all communications intended for publication, also Books for Review, to be addressed to "The Editor of The Australasian Medical Gazette, 35, Castlereagh-street, Sydney."
The Name and Address of the sender must accompany every communication, not necessarily for publication. Anonymous letters will not be noticed.

The Australasian Medical Gazette.

WEDNESDAY, FEBRUARY 1, 1882.

Any fever occurring during the period of the puerperal state may be termed puerperal fever, but the name is mostly restricted to an epidemic of fatal peritonitis, which quickly follows delivery. It is defined by the Royal College of Physicians of London, as "a continued fever, communicable by contagion, occurring in connection with childbirth, and often associated with extensive local lesions, especially of the uterine system." The peculiar condition in which a puerperal woman finds herself immediately after delivery, under the most favourable circumstances, predisposes her to disease. Her nervous system has been for a lengthy period in a state which may be characterised as that of hyperæsthesia, and during labour this has culminated, so that afterwards she is similarly situated to one who has recently undergone a capital surgical operation. Her nutrition during the period of gestation has been also impaired, and a much larger number of white blood cells are apparent in the circulation than are usual in health. These circumstances put the patient's constitution in a state, which is readily liable to receive disease poisons into the system, and thus the blood becomes affected very readily from the germs of erysipelas or pyæmia, affecting locally the pelvic viscera, commencing at the uterus, and spreading internally. Very readily does this disease affect a puerperal woman at the period when scarlatina is prevalent, and we have every reason to believe, that in many cases the scarlatina caused by contagion is manifested by the peritonitis and other symptoms exhibited in the course of fatal puerperal peritonitis. Amongst the phenomena exhibited during an epidemic of this character, is the ease with which the disease may be communicated. The disease cells seem to cling in a most remarkable manner to individuals, so as to cause the belief, that in some cases, once contact with an infected person has taken place, although the person coming in contact be uninfected, and in good health, yet that he or she may communicate the germs which are present, and spring from their otherwise healthy bodies. The opinion of the great amount of European authorities is to this effect. During the epidemic of scarlatina and puerperal fevers, of 1876, which occurred in Sydney, and was characterised by the excessive mortality of puerperal females, the vast majority of cases occurred in series, the patients of certain nurses and obstetric practitioners alone suffering. Naturally loath to disappoint the patients who had engaged his services the practitioner, depressed with the feeling of regret at the loss of a case attended a few days previously, with every attention to cleanliness and change of clothing, approached his fresh patient with a desire to do his duty, and watched with the utmost anxiety until the dreaded pain in the abdomen, the rise in pulse, cessation of lochia, and absence of milk told him the scene through which he had recently guided one woman, was about to be placed once more before his eyes. After the death of one patient, or at most two, the practitioner, who had before gone through the utmost efforts of disinfection and ablution, found that it was necessary to cease for a while practising this branch of his profession, and signified the same to his *clientele*. Many of the leading Sydney practitioners acted thus, but not until considerable loss took place, did the idea of relinquishing midwifery practice dawn upon them. There are no more honourable men as a class than medical practitioners. When the feeling that the only mode of preventing the excessive mortality, other means having failed, was to give up practice, was received as an axiom, all did so at once, believing that their attendance exposed the patient to a dreadful danger, which could only be avoided by

keeping out of the way. At least a dozen of our best practitioners thus gave up their midwifery practice, much to the chagrin of their constituents, who endeavoured to induce their favourite physicians to attend them. So satisfied were these gentlemen that they were capable of conveying illness and death, instead of giving health and life, that no powers of persuasion, urged by their patients, could upset their determination. They thought that the ordinary obstetric dangers to which a woman is exposed were less likely to prove fatal than their attendance, and acted accordingly. We think they were right, and that most European authorities think so too.

Dr. West, Professor of Obstetrical Science, at St. Bartholomew's Hospital Medical School, in London, strongly impressed upon his class, that in the event of an epidemic of puerperal fever, and deaths from the cause resulting in anyone's practice, such practitioner should not hesitate a moment, but at once relinquish practice at whatever pecuniary sacrifice entailed. Dr. Ramsbotham, in page 591 of his work on the "Principles and Practice of Obstetric Medicine and Surgery," says, "I would, therefore, impress upon the mind of every reader the propriety of changing his dress after visiting a patient labouring under this affection before proceeding to any other duties; and should it unfortunately happen to him to meet with two cases of the same kind in succession, to forego for some time his attendance on women in labour, at any pecuniary sacrifice, rather than run the risk of carrying into their chamber the dormant seeds of puerperal peritonitis." Many other authorities might be quoted, but we consider that we have mentioned sufficient to induce, in the event of an epidemic of puerperal fever, and deaths resulting, most practitioners to follow the example of their Sydney brethren, and resign their practice for a time. With regard to nurses and midwives we think they should be placed under surveillance, and compelled under the same circumstances to follow the same course.

We hail with pleasure the fact that the Senate of the University of Sydney have initiated a Medical School in connection with that institution. They propose to confer three degrees—Bachelor of Medicine, Master in Surgery, and Doctor of Medicine.

The course of study for the degree of M.B. shall extend over seven years. The first three of these being the same as that prescribed for the B.A. degree, we presume that the candidates will, at the termination of that period, be required to take the B.A. degree.

In the fourth academic, or first medical year, in the long term the subjects shall be Anatomy, Chemistry, Practical Anatomy, and Practical Comparative Anatomy. In the short term of the same year the following subjects will be taught—Organic Chemistry, Human Physiology, Practical Anatomy, and Practical Chemistry. In the second year the medical student in the long term will be required to study Anatomical Demonstrations, Surgery, Pathology, Materia Medica and Pharmacy, and Practical Anatomy. The short term will comprise Physiology, Practical Physiology, and Practical Anatomy.

In the third year the following subject will be taught—In the long term: Practice of Medicine, Clinical Medicine, Clinical Surgery, and Hospital Practice. In the short term: Midwifery, Practical Pathology, and Histology.

In the fourth year in the long term Medical Jurisprudence, Practice of Medicine, Clinical Medicine, Clinical Surgery, and Hospital Practice. In the short term, Practical Work only.

There are two subjects here omitted which we consider highly important. We refer especially to Psychology and Botany. In addition to this we consider that during the whole period of four years it should be deemed necessary for the student to acquire as much knowledge at the hospital or hospitals which he frequents as possible. He should attend both the surgical and medical wards during all the time of his medical study.

Perhaps the paper which we quote from, and which we have procured through the kindness of a member of the Senate, gives

only a rough outline of the subjects required. We think the scheme at present very incomplete, and trust that a much more thorough curriculum will be deemed necessary for the education of a medical graduate of the Sydney University.

The action of the Senate in appointing two of the professors in connection with the Medical School—that of Natural History and Anatomy—seems to have given considerable umbrage to the daily newspapers, and severe strictures have been written on the subject.

We think that it would have been in better keeping had the Senate advertised for those gentlemen who were desirous of filling the professorships. We have the highest respect and regard for the two who have been appointed, but we are satisfied that there are others who could have as well filled the chairs as the present holders. We allude especially to one gentleman who is already connected with the University, is known as an author and a lecturer, and whose reputation as a naturalist is European, and we may say world-wide, and second to none in the colony. That he should have been passed over without notice shows a want of discretion on the part of the Senate which can only excite our surprise.

We are pleased to see that the rest of the vacant professorships will be advertised, so that those who deem themselves eligible and desirous of obtaining them may apply. The advertisements, if they be published throughout the various European capitals and universities, will have the effect of showing the world that steps are being taken for the purpose of forming our Medical School.

We again congratulate the Senate of the University of Sydney on the initiation of this long deferred want, and wish the School every success.

THE MONTH.

NEW SOUTH WALES.

We understand that a medical school will soon be opened in connection with the Sydney University, by which means medical students will be able to qualify in the colony, without the necessity of going home. The qualifications that will be granted are said to be M.B., M.Ch., M.D. The Senate will meet shortly, with a view of arranging preliminaries and selecting demonstrators, lecturers, and professors. [Since writing the above Dr. H. N. MacLaurin has been appointed Professor of Anatomy and Physiology, and Mr. W. J. Stephens Professor of Natural History.]

DR. THOMAS HASTIE, formerly Resident Medical Officer of the Sydney Infirmary, was found dead in his surgery at Lithgow on Monday afternoon, January 9th, death having been caused by an overdose of chloroform. He has been succeeded in his practice by Dr. W. F. P. Bassett, late of Bathurst.

THE Committee of Management of the Newcastle Hospital, together with the City Engineer, inspected one of the proposed sites for the Contagious Diseases Hospital, at the Bluff, on Thursday, January 19th. They intend examining several other proposed sites before arriving at a definite decision.

DR. JAMES MARKEY, of 12 Regent Street, Sydney, and Dr. F. H. Wrigley, of 2 Oak Terrace, Glebe, late of Port Wakefield, S.A., have entered into partnership.

DR. JOSEPH CALLAGHAN, of Richmond, has been appointed a member of Board for Public School District No. 10.

DR. J. E. J. MORFITT, late House Surgeon at the Sydney Infirmary, has commenced practice at 3 Lyons Terrace, Hyde Park, Sydney.

NEW ZEALAND.

DR. J. HECTOR, of Wellington, under instructions from the Government, has selected a site for a sanatorium at Rotorua, a new township in the hot springs district.

DR. HUGH KENNEDY, formerly of Glasgow, who had been practising in Auckland for the last thirteen years, died from dysentery on Tuesday, January 3rd. Dr. Kennedy was a gentleman of much learning, skill, and experience, and greatly respected by all who knew him personally. He was 78 years of age.

DR. PERCY, of Gisborne, died on December 26th. He had been suffering from a severe cough, and during the previous night he, by mistake, took chloroform instead of the proper cough mixture. The deceased was much respected throughout the district, and great regret is expressed at his sudden death.

DRS. C. M. ANDERSON, F. G. M. Brittin, J. D. Frankish, C. Nedwill, and H. H. Prins were elected Honorary Medical Officers to the Christchurch Hospital for the next twelve months.

LARGE additions to the Sunnyside Lunatic Asylum, Christchurch, have just been finished, and about to be occupied. The new range of buildings, though not complete according to the original design, are a fine pile, with a frontage of many hundred feet, two stories high, built of brick and concrete.

DRS. JOHN MURRAY GIBBES and Henry Blackburn Leatham, both of New Plymouth, have been appointed members of the Medical Board, constituted on the 29th April, 1867, under "The Military Pensions Act, 1866."

DR. H. H. PRINS, of Christchurch, has been appointed a member of the Canterbury Hospital and Charitable Aid Board.

QUEENSLAND.

DR. ARCHIBALD CLINTON ROBERTSON, of Rockhampton, having suffered from a severe form of hæmaturia for a few days, died on January 23rd, at the age of 63. Dr. Robertson, on being admitted M.R.C.S. Eng., emigrated to South America, where he, as a surgeon, entered the military service of the Republic of Peru. Whilst here he obtained his diploma as M.D. for Peru. His long residence in South America gave him a wide experience of tropical diseases, in the treatment of which he was singularly proficient. From Peru he came to Australia, and for a while settled in Sydney, where he held an appointment in connection with the Government. About 1857 he left Sydney and came to Port Curtis, where he practised his profession, until the Canoona rush broke out in 1858. Following the human stream, he resided at the camp for a few months, when he came to Rockhampton—at that time barely a settlement—where he continued to reside till his decease.

DR. W. F. TAYLOR, late of Warwick, has postponed his intended trip to the old country. Dr. Taylor is now practising at 2 Harris Terrace, George Street, Brisbane.

DR. J. J. MACAN, of Rockhampton, has left for London.

DR. T. SALTMARSH, who has resided at Beenleigh, for upwards of twelve months, has left this district, which is now without a medical man.

DR. E. M. WUTH, the Resident Surgeon of the Townsville Hospital, has resigned. The *entente cordiale* between him and the Committee was broken some months back, and things have not worked harmoniously since. Great regret is felt in the district that Dr. Wuth should be compelled to sever his connection with the institution. Dr. W. W. McGuire, of Melbourne, will probably be appointed his successor.

SOUTH AUSTRALIA.

THE funeral of the late Dr. Thomas Young Cotter, the first colonial surgeon of South Australia, took place at Port Augusta on Tuesday, January 10th, and was largely attended, the Masonic and Foresters Orders being well represented. The deceased gentleman was the oldest practitioner in South Australia, his connection with the affairs of this colony commencing in December, 1835, when he was appointed by the Colonisation Commissioners for South Australia as surgeon to the infant colony. After having assisted the Commissioners with his advice in the selection of the officers and first colonists in London, he was, in August, 1836, placed in charge of the Coromandel, and having arrived with his charge safe at Adelaide in the early part of 1837, he was appointed to the position of Colonial Surgeon, which he held for several years. After his resignation of this office he practised his profession in Adelaide, Mount Barker, Queenstown, Robe, Angaston, and for the last eleven years at Port Augusta, where he died on January 9th, at the ripe old age of 76.

A LARGELY attended and representative meeting was held at the Wilmington Hotel on Tuesday, January 10th, to consider the advisability of securing a resident medical man for the district. Mr. John Brett presided, and the members of the late Medical Committee and other persons stated that the year's guarantee of £450 to the late doctor (Dr. G. Addison) had been exceeded within the first six months of his practice. Finally a committee of seven gentlemen were appointed to take immediate steps to obtain a duly qualified medical practitioner for Wilmington.

DR. W. GOSSE, Chief Government Vaccinator for South Australia, has issued a circular to medical men to the effect that great caution is necessary in performing vaccination during the hot weather, and the result a doubtful security. He advises its postponement till cooler weather, unless an outbreak of smallpox occurs in the city, when the choice of evils must be made. Dr. Gosse also reports that

the stock of lymph is becoming small, but till very recently it has met all demands.

THE Chief Secretary of South Australia applied to the Central Board of Health of Victoria for 200 tubes of lymph. There has been such a demand recently, however, that only 100 could be sent.

THE Mayor of Goolwa earnestly entreats heads of corporations, district councils, and others to join him in urging the Government to enforce immediate and compulsory vaccination in South Australia.

MR. T. CHALWIN, M.R.C.V.S., of Adelaide, has been in communication with the Chief Secretary in reference to the supply of vaccine lymph, and has obtained that gentleman's sanction to purchase some heifers for the purpose of carrying on operations.

At a meeting of the South Australian Central Board of Health, held on Wednesday, January 4th, the Colonial Surgeon (Dr. A. S. Paterson) stated that the quarantine station at Torrens Island embraced all the requirements for the separation and treatment of suspected and infected patients, and also for the separation of the healthy and sick. The President (Dr. W. Gosse) intimated that he did not anticipate any outbreak of smallpox, but should such unfortunately take place, everything was in readiness to meet the emergency. The wooden building for the reception of smallpox patients, should an outbreak of the disease take place in the city, was ready, and could be erected at a very short notice.

THE Local Board of Health for Glenelg resolved, at their last meeting, that Dr. H. Ferguson be written to and asked on what terms he would act as Health Officer to the Corporation of Glenelg.

DR. C. E. THOMPSON, late House Physician at the Middlesex Hospital, London, is now practising at Hindmarsh.

DR. ROBERT STEWART, late resident medical officer at the Melbourne Hospital, has commenced practice at Hindmarsh.

DR. WM. GOSSE, and Messrs. Jas. Phillips and Robt. W. Moore, M.S.R.C.S.E., have been re-appointed visitors to the Adelaide and Parkside Lunatic Asylums.

DR. E. C. HADEN, of Port Wakefield, has been elected councillor for the North Ward of his township.

A FIRM in Adelaide has issued circulars to all the medical men in the city and suburbs, offering to supply them with vehicles, horses, and drivers in the best style, on contract, in connection with the telephonic service, and undertake to render these conveniences available at any hour.

DURING the half-year ended December 31st, 1881, 23 deaths of patients, whose relatives are unknown, occurred in the Adelaide Hospital, and during the same period four persons, whose relatives are unknown, died in the Adelaide and Parkside Lunatic Asylums.

TASMANIA.

THE Hobart Hospital Board has issued instructions to the dispenser at the General Hospital to charge the fee of 1s. for renewals of medicines to out-door patients, for a period of six months, as an experiment.

DR. THOS. C. SMART has been re-elected chairman of the Hobart Hospital Board for the ensuing year.

DR. W. H. COUTIE, late resident medical officer Melbourne Hospital, has settled down at New Norfolk.

DR. CHAS. A. STEWART, late house surgeon at the Launceston General Hospital, has commenced practice at Beaconsfield.

VICTORIA.

DRS. R. YOUL and Edw. Barker, both of Melbourne, have been appointed official visitors, under the Lunacy Statute, to the Sunbury Lunatic Asylum, vice the Honorables J. G. Francis and W. J. Clarke resigned.

DRS. J. JAMIESON, A. J. R. LEWELLIN and J. R. MacInerney have been elected honorary assistant physicians; and Messrs. J. Cooke, T. M. Girdlestone, C. S. Ryan, and J. P. Ryan, honorary assistant surgeons to the Melbourne Hospital.

DR. W. GILLBERG has been elected president of the Melbourne Hospital for the ensuing year.

THE Central Board of Health held a meeting on Monday, January 9th, when the question of the precautions to be taken to prevent the introduction of smallpox into Victoria was discussed. Mr. M'ivor stated that, in dealing with an outbreak of smallpox, nothing could check the spread of the disease unless medical men were compelled to divulge the names of private patients suffering from it. At Albury there was no provision for diseased persons coming by train from Sydney. Tents had been obtained with difficulty from the Government, and were stowed away in the goods sheds. Unless something was done immediately to remedy the existing state of affairs, smallpox would probably come over the Victorian border.

COMPLAINTS have been made of gross mismanagement in the

internal management of the St. Arnaud Hospital. Patients suffering from typhoid and scarlet fever are said to have been treated in the general ward, and the diseases consequently have been communicated to the other patients and attendants of the institution.

10,500 children were successfully vaccinated in Victoria during the quarter ended September 30, 1881.

DR. JAMES JAMIESON, Lecturer on Obstetrics, and Diseases of Women and Children, at the Melbourne University, will begin a course of lectures to midwives and monthly nurses on Wednesday, February 1st.

THE Board of Health have under consideration a proposition to procure portable cottage hospitals, a sample of which has been imported from California, instead of erecting a building. The cost of portable cottages would be £100, and the erection £5. Dr. Youl strongly recommends this course.

At a general meeting of the Central Board of Health, held on Tuesday, January 17, Drs. Hardy and Youl considered that the first and second-class passengers, from the s.s. Garonne, might be released after isolation for 14 days from the third-class, and that proper precautions for disinfecting the clothing be taken. Dr. Clarke thought they should all be kept for 14 days after convalescence of the last case. The Cabinet, having considered these opinions, decided that no person quarantined at present will be allowed to leave the ground until a date to be fixed at some future meeting of the Cabinet.

A DEPUTATION from the Medical Society of Victoria, introduced by Mr. C. R. Blackett, M.L.A., waited upon the Minister of Lands on Thursday, January 12, with a view of obtaining a Crown grant of the land upon which the Society's Hall now stands. It was urged, that if a clear title were given the Society would be in a position to allow the use of the building to other kindred societies, and would also be enabled to improve the property. The Minister, Mr. Madden, said that if no legal objection existed the Crown grant would be issued, with the especial provision that the land would be dedicated to the Society for medical and other scientific purposes.

At a meeting of the Medical Committee of the Alfred Hospital, Melbourne, held on Wednesday, January 18, a testimonial was presented to Dr. D. Skinner, on his resignation of his position as Resident Medical Officer to that institution. The chairman, Dr. Hardy, presented the testimonial, which was signed by the hon. medical and surgical staff, and was as follows:—"The physicians and surgeons of the Alfred Hospital wish to convey to you their high appreciation of the courtesy which you have shown them, and the valuable services you have rendered the institution during a period of 12 months you have held the position of Resident Medical Officer, and to express their deep regret at the severing of your connection with the institution. Wishing you long life, happiness, and every success in your new sphere, we are, &c."

MEDICAL APPOINTMENTS.

Backhouse, John Burder, M.B. et Ch.B. Melb., 1881, late Resident Medical Officer Melbourne Hospital, appointed Resident Medical Officer Alfred Hospital, Melbourne, vice Dr. Skinner resigned.

Baker, James P., L.R.C.P. et R.C.S. Ed., of Parkside, to be Medical Officer to attend to the destitute poor and aborigines at Unley, S.A.

Cutfield, Arthur, M.R.C.S.E., L.S.A. Lond., appointed Assistant Medical Officer Woogaroo Lunatic Asylum, at Goodna, Queensland.

Jackson, William Lambert, L.R.C.S. Irel., of Pukekohe, to be Public Vaccinator for the Wairoa district (Auckland), N.Z.

Lyttleton, William Margrave, M.R.C.S.E., L.R.C.P. Edin., appointed Assistant Medical Officer Quarantine Station, Point Nepean, Vic.

MacLaurin, Henry Norman, M.D. et L.R.C.S., Edin., M.A., appointed Professor of Anatomy at the Sydney University.

Mountaine, John, L.S.A. Lond., of Te Pahi, to be Public Vaccinator for the Paparua district, N.Z.

Mullen, John Nelson, M.B. et Ch.B. Melb., appointed Resident Medical Officer at the Melbourne Hospital.

Musket, Philip Edward, L.R.C.P. et R.C.S. Edin., appointed Resident Medical Officer at the Melbourne Hospital.

Proudfoot, George, M.B. et Ch.M. Edin., appointed Resident Medical Officer Sydney Hospital.

Robertson, Robert, M.D., to be City Health Officer for Adelaide, vice Dr. E. W. Way resigned.

Rogers, William, M.B. et Ch.M. Glas., to be Health Officer at Port of Nelson, N.Z., vice Dr. F. A. Monckton resigned.

Sandes, Walter, M.D., to take charge of the Quarantine Station, Auckland, N.Z.

Sinclair, Eric, M.B. et Ch.M. Glas., to be Assistant Medical Officer of the Hospital for the Insane at Gladesville, N.S.W., vice Dr. H. Blaxland promoted.

Sinclair, Henry, M.D. et Ch.M., Q. Univ., Irel., appointed Resident Medical Officer Sydney Hospital.

Smith, Patrick, B.A. et M.D. Syd., elected Visiting Surgeon to the Lady Bowen Hospital, Brisbane.

Thompson, Lavington Grey, M.B. et Ch.M. Aberd., L.R.C.P. et R.C.S. Edin., House Surgeon at the Launceston General Hospital, has been appointed Health Officer, Medical Officer to the Gaol and Invalid Depôt, also Government Vaccinator for the town of Launceston, Tasmania.

Twyman, —, M.D., appointed Resident Medical Officer Sydney Hospital.

MEDICO-LEGAL.

ILLEGALLY PRACTISING AS A SURGEON.—At the Sandhurst City Police Court (Vic.), on Monday, January 23rd, James Egan Wall was brought up and charged with, that he, more than six months after the appointment of the Pharmacy Board of Victoria, and being a registered pharmaceutical chemist, did practise surgery at Wattle street upon Margaret Smith, since dead, otherwise than in accordance with the privileges enjoyed by chemists and druggists in their open shops prior to 1st January, 1877. Mr. Kirby prosecuted, and prisoner was defended by Mr. Hornbuckle.

Drs. H. Atkinson and P. H. Macgillivray were then called, and tendered evidence similar to that given at the inquest. Messrs. Holdsworth and Humble tendered evidence as chemists as to the limits of the duties of pharmaceutical chemists, and both informed the Bench that it was not the right nor privilege of chemists to perform surgical operations. Mr. Strickland gave evidence as to Wall seeking permission to be present at the inquest to watch the evidence, and Sergeant Webb gave evidence of certain admissions to Mr. Wixson and himself by Wall, detailing the circumstances of the death of the woman Smith. James Storey, a groom in Mr. Wixson's employ, stated that the woman Smith was found dead immediately after Wall had left the premises.

Mr. Kirby had contended that strong circumstantial evidence pointed to the fact that surgery had been practised, and that Wall was the man who had practised it.

Mr. Hornbuckle considered that all that was required was the striking of Wall's name off the roll of pharmaceutical chemists, and this could be done by a fine. He considered that there was no evidence of Wall's having performed a surgical operation. The only person who could have proved that was dead. He considered that there was no evidence to support the charge, and there was no direct proof.

The Bench considered that there was circumstantial evidence of a very strong character to prove that Wall had performed a surgical operation. They could not help identifying Wall as the person who did it. They would, however, not inflict a heavy fine. They would fine Wall 1s., and three months' imprisonment, cumulative upon his present sentence.

PROCEEDINGS OF COLONIAL MEDICAL BOARDS.

The following gentlemen having presented their diplomas, were duly registered as legally qualified Medical Practitioners by the respective Boards:—

NEW SOUTH WALES.

Proudfoot, George, M.B. et Ch.M. Edin., 1881.
Vanzetti, Giulio, M.D., Padua, 1868.
Williams, William Daniel Campbell, L.R.C.P. Lond., 1880; M.R.C.S.E., 1879.

NEW ZEALAND.

Lewis, Thomas Hope, Auckland, M.R.C.S., Eng.; L.S.A., Lond.

QUEENSLAND.

O'Dwyer, James Joseph, M.D.
McGwire, William Walter, M.B. et Ch.B. Melb., 1881.
Macartney, George William, M.D.
Davis, Charles James, M.D.

SOUTH AUSTRALIA.

Dunlop, J. D., North Adelaide, M.D.
O'Leary, Morgan Philip, L.R.C.P., Irel. 1871; M.R.C.S.E., 1870.
Stewart, Robert, Hindmarsh, M.B. et Ch.B. Melb., 1881.
Thompson, C. E., Hindmarsh, M.D.
Welchman, John Arthur Cromwell, M.B. et Ch.B. Melb., 1879.

TASMANIA.

Coutie, William Henry, M.B. et Ch.B. Melb., 1881.
McCall, John, M.B. et Ch.M. Glas., 1881.

VICTORIA.

Barker, Alex. Scot, L.F.P.S. Glas., 1881.
Lloyd, Duke, M.D. Pacific, California, U.S.A., 1881.
Morton, John, L.R.C.S. Edin., 1860; L.S.A., Lond., 1860.
Warren, John Monteith, M.D. et Ch.M. Q. Univ., Irel., 1874.
Additional qualification registered—
Rankin, William Bailey, F.R.C.S., Edin., 1873.
Name restored to register—
Langston, William, M.R.C.S. Eng., 1858.

The following Australians were admitted Members of the Royal College of Surgeons of England in November last:—

Edward G. Ochiltree, M.B. Glas., Melbourne; Thomas R. Lewers, M.B., Melbourne; Elliot Daunt, Launceston; and Henry S. Wood, M.B., Melbourne.
At the last "capping" of the University of London the degree of M.B. was conferred on Mr. William Chisholm, B.A., Sydney.

Messrs. Robert Andrew Stirling and Henry Simpson Wood, both of Melbourne, and Mr. Theodore Mailler Kendall, of Sydney, were admitted L.R.C.P. et R.C.S. Edin., in November last.

OUR MELBOURNE LETTER.

MELBOURNE, JAN. 26.

During the past month our attention has been pretty equally divided between smallpox at the Quarantine Ground, and erysipelas at the Melbourne Hospital. Indeed, if it had not been for these several subjects of discussion, Christmas would have been dull. And the erysipelas controversy all came from a question casually put to the city coroner, Dr. Youl, at an inquest he was holding, at the Melbourne Hospital, upon a man, who had died from erysipelas following upon a wound of the scalp. A juror wanted to know if the erysipelas could not have been prevented by putting the patient into a ward in which erysipelas cases had not been treated; and Dr. Youl replied, that the hospital was so saturated with erysipelas poison, that unless the building were pulled down there was no mode of preventing erysipelas occurring in it; whereupon the honorary staff, the resident staff, and the committee arose in anger, and denounced the coroner as a very rash person. Accordingly there were reports, and sub-committees, and letters, and leaders all bearing upon the question, and making a great many suggestions how to get rid of erysipelas. But when the statistics began to be employed in the settlement of the controversy, it was seen there had been only eighty cases of erysipelas in the hospital during the year, and out of these only six deaths. For all that, it was contended, that as erysipelas was an avoidable complication it ought to be avoided, and that an institution like the Melbourne Hospital, professing to be the leading medical charity in the Australias, ought to set an example of perfect precautions against such a contingency. And no doubt the objectors are right, and the wonder seems to be, when one comes to know all the circumstances of surgical treatment in this hospital, how the number of cases has been kept down so low. No doubt, in respect of what may be termed general hygiene, there is little to object to, but as to particular prophylaxis, there is very little to commend. For admitting the activity of the erysipelous *contagium*, and the readiness with which it can be conveyed from one patient to another, and the equal readiness with which it clings to walls and ceilings, the surgeons, students, and nurses engaged in dealing with such cases as are not unlikely to be affected with erysipelas, cannot be too exacting in the observance of all the details, whose efficient performance determines recovery without such complication. It is easy, however, to say that surgical patients can always be more satisfactorily treated in their own homes than in hospital. It all depends what sort of homes they have, and judging by the character of a great many of the homes of hospital-patients in this city, it is clear they run far greater risks in the filthy abodes where they ordinarily live, than in a well-appointed hospital, even although it is, according to Dr. Youl, "saturated with erysipelas poison." For all that, Dr. Youl's remark, precipitate as it was, will do good. He has been abused, as a matter of course, as all men are who point out faults in public institutions; but the appointment of a special committee to investigate the subject is not entirely unsuggestive of meaning. Dr. Youl has refused to attend this committee, on the ground that it would be unbecoming in him to take part in an extra-judicial enquiry into the subject, and no doubt he is right in this decision, and his reason is right too. But he had previously allowed himself to be interviewed by a *Herald* reporter, to whom he had made statements extremely extra-judicial, and so had committed himself to opinions which quite warranted the Hospital Committee in expecting him to attend and justify his charges. Altogether, we are not likely to hear the last of erysipelas for some time to come.

In the midst of the erysipelas trouble has come the annual meeting of the hospital, and the election of members of committee. Mr. Gillbee, whose long identification with the hospital, caused some surprise last year that he was not re-elected to the position of vice-president, this year finds himself in the more exalted place of president. But the *Argus* has fallen foul of him for having accepted the distinction, as it was—so that journal says—procured unfairly; but if there was any unfairness, it certainly did not lie with Mr. Gillbee. The committee invited the names of candidates, and accordingly Mr. Gillbee caused himself to be nominated for president and vice-president. There was only one other candidate for president, Sir William Stawell, and as he unexpectedly retired the committee had no option but to declare Mr. Gillbee duly elected. Now, the name of Sir William Stawell is in itself an assurance that he did not lend himself to any underhand arrangement whereby Mr. Gillbee should have a walk-over; but as this election as president has given dissatisfaction to a certain small, but not

uninfluential, *coterie*, who claim the right of governing the hospital themselves, and for themselves, the explanation of the wrath I have mentioned is not difficult to seek. Those who know what Mr. Gilbee has done for the Melbourne Hospital, and what he is still capable of doing, are rejoiced to see him at the head of it. He has been variously connected with it for 28 years, and it will always be identified with him. He has derived considerable advantages, no doubt from this connection, and it is only right that he should have done so; but, on the other hand, he has made many sacrifices, and it is not too much to say, that if it had not been for him the hospital would not have been the grand place at this moment that it is. His renewed association with it, therefore, is a source of congratulation both to himself and the hospital.

The election of the assistant-surgeons, namely, Messrs. C. Ryan, J. P. Ryan, Girdlestone, and Cooke, was almost a matter of form, and the necessity for their having to seek re-election is one of those unwise regulations which ought never to have been adopted, and—having been adopted—ought as soon as possible to be rescinded.

The smallpox ferment is still active, and likely to be, for although the Garonne passengers have been released, the Mirzapore passengers are taking their places, and we may consider that, like the poor, variola is always with us. And it is especially likely to be with us so long as we have such inefficient appointments made as that of the gentleman who, by the grace of Berry, was made Health Officer at the Heads some two years ago, and who, so long as he had nothing to do, did it well enough, but who, suddenly finding himself charged with a very important duty, figuratively wrung his hands, and called upon Jupiter to help him. Jupiter has sent him some help in the shape of a colleague who, at any rate, is not quite so helpless as he is, but for all that it is not encouraging to behold an important trust put into feeble hands, when all the time there have been hands strong, capable, and willing into which it might have been placed.

The weakness of Victorian Governments generally has been further illustrated, particularly by the vacillation about a contagious diseases hospital. It has come to be a kind of joke now, that every district around Melbourne thinks any district a suitable one for a smallpox hospital save its own; and the scare about proximity to such an institution is piteous enough to be amusing. The Government—not only this Government, but every other Government—has been bounced out of its resolution from time to time when any site has been fixed upon, and the latest instance of such bounce is their abandonment of the site at Fisherman's Bend, and their totally unexpected, and wholly unjustified announcement, that the Industrial School Buildings, in the Royal Park, is the most suitable place in which to treat smallpox, if it should break out in the city. As a matter of fact, there is no need for alarm in connexion with any site at all, so long as reasonable precautions are taken; but as the public think there is such need, it is as well to dissipate apprehension if possible, and the Government seem to think the best way to do this is, to abandon a site where there is not a house within half-a-mile, and fix upon one in the thick of a very populous district.

The craze for calf-vaccination continues, and Dr. Barker, who is foremost in the business, has brought upon himself the animadversions of the profession by associating with him in this work a non-professional person, Mr. Graham Mitchell, who, although probably a very good veterinary surgeon, has—as I need hardly remark—no right to engage in work which necessarily belongs to medical men. I think it is probable that this irregularity will be brought up at the next meeting of the Victorian Branch.

Of miscellaneous items during the month, there are: The annual meeting of the Medical Society, at which Dr. James Robertson read a very uninspiring address; the deposition, and subsequent reinstatement of Mr. David B. Reid, who so long has been autocrat of the Geelong Hospital; the return to Melbourne of the miraculous red-flannel healer, Mr. Milner-Stephen; the advent of another miracle-monger, who calls himself a medical clairvoyant; also a corn doctor, who wears his hair long, sticks feathers in his hat, and drives about in an open carriage and four horses; and there is also a psychopathist, who cures diseases by ravings and prayers, and who, I hear, is much resorted to both by the educated and the ignorant.

DR. FALEY extols the anodyne effects of *Piscidia Erythrina* (Jamaica dogwood) in enlogistic language. The benefits claimed for it are, that it procures a gentle natural sleep and a slight diaphoresis. The action of the heart is normal, and there is no indication of the unpleasant after-effects of Opium, Cannabis Indica, or the Bromides. Dr. R. T. Edes, Professor of Materia Medica, Harvard University, after a careful trial of the *Piscidia*, in 20 cases, remarks that its virtue seems to be, that it relieves the restlessness, but does not produce sleep; in short, more of a sedative than soporific.

NEW REMEDIES AND FORMULÆ.

FORMULA OF LIQUOR PHOSPHORI.—Phosphorus, 10 gr.; Alcohol, 10 fl. oz.; Glycerine, 10 fl. oz. Heat the Alcohol by placing the bottle in hot water, add the Phosphorus, agitate until dissolved, then add the Glycerine; and when cold make up to measure 20 fluid ounces, with Alcohol strength one-sixteenth grain in each drachm.

TREATMENT OF DIPHThERIA BY CYANIDE OF MERCURY.—Dr. Rothe (*Deutsche Med. Wochenschrift*, 1881, p. 467) reports 34 cases of diphtheria successfully treated. He uses the cold pack, hourly changed, thrice daily, rapid pencilling of the gums, etc., with the following:—Acid. Carbolic, pt. j; spir. vini gal., pt. j; Tincturæ Iodini, pt. j; Glycerinæ, pts. v. Internally, the following: Hydrag. Cyanid., centigr. 0.01; Aquæ destillat., grm. 120; Tinct. Aconiti, grm. 1. Misce. Dessert-spoonful every hour. For young children the dose is to be proportionately diminished.

TREATMENT OF CYSTS.—E. Schilling (*Allg. Med. Central Zeitung*) recommends, for the removal of cystic tumours where the cyst-wall is so thin that it cannot be removed by the knife without great difficulty, injections of solution of chloride of zinc (one part to five parts of water). The cyst is first opened by means of a long incision, and the soft contents having been squeezed out, a few drops of the solution of chloride of zinc are injected by means of a syringe. The reaction is slight. In one case Schilling squeezed out the macerated cyst without difficulty at the end of six days.

TREATMENT OF ERYSIPELAS BY COLLODION.—Darlan (Thèse de Paris, *Bull. Gén. de Thérap.*, vol. ii., 1881, p. 239) brings forward this treatment again. He says that it prevents the spread of the disease and lowers the temperature. The good effects seem due to its compressive action, which interferes with septic absorption. The affected part, especially if a limb, should be surrounded by a zone of flexible collodion, which should be painted on fresh daily. The usual treatment is to be simultaneously pursued.

"CHLORALUM" FOR DISINFECTING PURPOSES.—This disinfectant may be prepared from the following formula:—Powdered Alum, 10 troy oz.; Solution of Chloride of Calcium, 16 fl. oz.; Water to make 100 fl. oz. Dissolve the alum in about four-fifths of the water by the aid of heat; add the Solution of Chloride of Calcium; filter, and add enough water through the filter to complete the quantity directed.—*Druggists' Circular*, July, 1881.

FORMULA OF LIQ. ARSENIC BROMID.—Acid. Arsenious, Potas. carb., aa 1 drachm; Bromine, by wt. 2 drachms; Aquæ, 12 ounces. Dissolve the acid with the Potas. carb. and water by the aid of heat. Digest until colorless. Dose, three to four minims twice a day.

POWDER IN MIGRAINE.—Quinidæ sulphat., gr. xxiv; Caffeini, and Acidi Tartarici, aa gr. xvi; Morphine, gr. viij; Sacch. Alb., 2½ drachms. M. Powder, and divide into five equal parts,—one to be taken morning and evening alone, or in a cup of coffee without milk.

WINE OF THE EXTRACT OF COD-LIVER OIL.—Some years ago, says a writer in *Le Progrès Médical*, the use of a medicinal extract of cod-liver oil, which should contain all the chief constituents of the oil, without the offensive ones, was recommended. By means of concentrating at a freezing temperature, Dr. Vivien has recently obtained an extract which still had, however, the smell and the disagreeable and nauseous taste of the oil itself. The inventor was accustomed to give this extract in the form of pills, but he now finds that it may be given advantageously with certain kinds of wine, when it loses its taste and odour. By this means, a new and very active preparation is obtained. The following is Dr. Vivien's formula:—Old Grenache wine, 1000 grams to medicinal ext. of cod-liver oil, 10 grams. The mixture should be kept for a month. Each dessert-spoonful will contain 20 antigrams of the extract. The presence of the extract can be detected by pouring a little of the wine into the palm of the hand and rubbing it briskly, when a characteristic odour will be exhaled.

ARSENICAL SOAP.—Camphor, 4 oz.; Arsenic, 1 lb.; Prepared Chalk, 1 lb.; Potas. Carb., 4 oz.; Oil of Origanum, 1 oz.; Soft Soap, 2 lbs. Powder the camphor with a few drops of Spts. Wine, sift with the Chalk, then mix in the Arsenic and Oil, and sift again; melt the Soap and Potas. Carb. until free from lumps, then stir in your powder. The above form has been highly commended by the leading naturalists that have visited Australia.

HOSPITAL INTELLIGENCE.

LADY BOWEN HOSPITAL, BRISBANE.

From the last annual report of the Committee of the above institution we learn, that during the past year 91 women have been admitted into the Hospital, viz., 36 married, 3 widows, and 52 unmarried. Four women were admitted after their confinement, requiring great care and attention; and there were three in the house, on December 31st, awaiting confinement.

There is one death among the women to record, which took place on the 31st August, nine days after her confinement. One patient was removed to the reception house on the 26th August last.

The number of births (one a case of twins) has been 84, 47 males and 37 females; of these five were stillborn, and four (including the twins) died a few days after birth.

The Committee also acknowledge, with sincerest thanks, the kind and gratuitous services of the visiting surgeons, Drs. Bell, Concanon, Hancock, Hobbs, Joseph, Lyons, Marks, and Purcell.

MELBOURNE HOSPITAL.

The Managing Committee of the Melbourne Hospital met on Wednesday, January 11, and considered the remarks concerning the sanitary condition of the institution made by Dr. Youl at a recent inquest. The report from Dr. Millar, medical superintendent, was read. He denied that any foundation existed for the alarming statements about the number of erysipelas cases during the past six months that he had been in charge. The institution was not unduly large. Many of the patients were suffering from contagious disease when admitted. They ought not to be admitted, but a contagious diseases hospital ought to be provided. Dr. Girdlestone, Health Officer, who is also a member of the Hospital Committee, supported a great deal of what Dr. Youl had said, but the majority of the Committee agreed with the Superintendent's report, which, being considered satisfactory, and a sufficient answer to Dr. Youl's charges, was adopted.

A motion, of which Professor Elkington gave notice the week previously, namely, that a Committee of the whole be appointed to report on the best means of improving the sanitary condition of the Hospital, by removal of site or reconstruction of a portion of the buildings, or otherwise, was agreed to.

A meeting of the Committee just referred to was held on Tuesday, January 24, to give Dr. Youl an opportunity to substantiate his statement as to the unhealthy condition of the hospital. He was asked to attend, but Dr. Youl forwarded a reply to the effect, that it was not part of his duty to be present at private or extra-judicial inquiries. Mr. James, Dr. Robertson and Dr. Beaney were then examined, and gave evidence at length in reference to a number of leading questions, which had been prepared previously by the Committee. They also mentioned other matters connected with the hospital, and offered suggestions by the adoption of which they thought it would be improved. The Committee then adjourned.

THE VICTORIAN EYE AND EAR HOSPITAL.

The annual meeting of subscribers to the Victorian Eye and Ear Hospital was held at the Melbourne Town Hall, on Thursday, January 12th, when the annual report was presented, which shows that the number of patients relieved during the year has been—Out-patients, 2,248; in-patients, 232; total, 2,480. Attendance of out-patients number 13,005. There have been 344 capital operations performed. Messrs. A. S. Gray and A. Bowen were re-elected Honorary Surgeons, and Mr. J. P. Ryan Assistant Honorary Surgeon to the institution for the ensuing year.

THE SYDNEY HOSPITAL.

A special meeting of the Board of Directors of the Sydney Hospital was held on Tuesday, January 17. The Hon. Dr. Renwick, President, in the chair.

There were three vacancies on the resident medical staff to be filled up by the board, and four applications had been received, namely, Drs. Twyman, Proudfoot, Sinclair, and Macintosh. After some discussion whether, under the Sydney Hospital Act, the Board was really properly constituted, Drs. Sinclair, Twyman, and Proudfoot were declared duly elected.

The Board then engaged in the discussion on the new by-laws, and passed those from one to 14 inclusive.

Dr. M'Kay opposed the election of the honorary medical officers by the Board, and thought they ought to be elected by the subscribers.

The discussion was then postponed till next meeting, and the Board adjourned.

At a subsequent meeting of the Board, held on Tuesday, January

24, the remainder of the by-laws was discussed. Of the business transacted the most important was the resolution arrived at to have the honorary medical officers of the hospital elected by the directors instead of the governors and subscribers of the institution, as heretofore.

GLEANINGS FROM THE JOURNALS.

In the last *Lancets* Mr. W. H. Brown, M.R.C.S., writes on the "Use of Salicylic Silk as a dressing for wounds," and gives cases. He uses a combination of Salicylic Silk and Carbolic Gauze in major amputations excisions of joints (knee and hip), amputations of breast, removal of tumours, ovariectomy and compound fractures, and proving most useful in the latter. The advantages claimed by him are, that it does away with frequent changing of dressings, and the avoidance of the erythema so frequently caused by Carbolic Gauze in some persons' skin. Having rendered the wound aseptic, according to the directions of Mr. Lister, a strip of Carbolic Gauze, soaked in a five per cent. solution of Carbolic Acid, is placed over the wound; he then surrounds this with a double handful of Salicylic Silk; over this is placed the Gauze and macintosh pad, and bandaged in the usual way. The silk should be thoroughly teased out, and the dressing may then be left on for a week.

In the *Philadelphia Medical Times* a case of poisoning by one ounce of laudanum, and successfully treated with Atropia is reported by Dr. S. J. Radcliffe. Although the patient was not comatose, or breathing stertorously, her condition was alarming. Emetics were tried, but with little success; one-fourth of a grain of Atropia in solution was injected hypodermically and after a short interval was repeated. The stomach-pump was then introduced, but after a few motions of the piston the tube was forcibly expelled, with quite half-a-gallon of fluid, having but little odour of Opium. She now showed signs of consciousness, and on examining the pupils they were found to be dilated. The skin also became very itchy and there was an efflorescence over most of the body, especially the neck and arms; but as the patient recovered this died away, leaving only a slight fulness of the head, which was relieved by a cup of strong coffee.

Dr. C. A. CURRIE reports a case of iliac abscess simulating coxalgia. The patient had sustained injury by falling from some lumber, and a board striking him across the abdomen. Three weeks after the accident he complained of pain in the left iliac fossa, increased by walking, and causing him to limp with the left leg. When lying on his back the left thigh became strongly flexed on the abdomen, and when straightened caused a marked curvature of the lumbar vertebrae; the foot was everted. The fibrile disturbance was considerable, the temperature ranging from 99 deg. in the morning to 103 deg. a d 104 deg. in the evening. There was no posterior angular projection nor tenderness of the vertebrae. The abscess pointed about an inch above the outer third of Ponsart's ligament, and was opened, a large quantity of healthy pus being evacuated. The cavity of the abscess was found to rest on the venter of the ilium; there was no necrosed bone. The psoas muscle was not in any way affected, and the patient made a good recovery.

In the *Therapeutic Gazette* Dr. T. K. Griffith recommends tomatoes in the treatment of nurses sore mouth, and also in cancrum oris. He first used the ordinary ripe tomato, and encouraged by his success he had a fluidextract of the ripe fruit prepared by Messrs. Parke, Davis & Co., of Detroit. It is said to be most beneficial to those patients who exhibit the scrofulous type. Dr. Griffith concludes by remarking that his "experience convinces him that tomatoes act on the lymphatic system, to which they impart tone, and thus facilitate the formation of good blood; that they also exert an alternative and tonic influence on mucous membranes; and that they promise to relieve constipation and hemorrhoids due to this condition." He also suggests that they should be used in the form of spray in diphtheria and croup.

CORRESPONDENCE.

A SUGGESTION.

THE EDITOR AUSTRALASIAN MEDICAL GAZETTE.

SIR,—Will you allow me space in your columns to ventilate a subject which I consider requires to be placed more fully before the public? I allude to the large number of deaths which takes place in Sydney harbour from drowning. I think that already during the year no less than seven have occurred.

Had we a Health Act efforts would be made to avert this wholesale destruction of life. Unfortunately we have not, however, common sense points out that there should be a good supply of life buoys wherever a large number of passengers congregate in harbour steamers, or on the wharves. I would also suggest that no person should be permitted to let out boats for hire, whether rowing or sailing, without life buoys; one for each of the occupants of the boats.

There is also considerable danger at the Government Gardens, and other places where the public congregate, of children slipping into the water over the wall. I would suggest imitating the shores of Dawes Point, that a chain, attached to the shore, should be hung all round the wall for the purpose of allowing persons drowning, or nearly exhausted to cling to it; also, at intervals of about 50 yards jetties should be run out into the sea, so that drowning persons might be taken there for resuscitation.

It was only a few days since that one of the sailors belonging to a man-of-war in port was rescued by the master of one of the yachts lying in the Cove, and both would certainly have been drowned had it not been for the crew of the cutter of the Nelson rescuing the drowning man and his preserver, as they were going down for the last time.

In Sydney Cove these accidents are of almost daily occurrence, and should, I think, be provided against in the way I have pointed out. I am, Sir, yours, &c., Sydney, and Feb., 1882. OBSERVER.

SMITH v. DR. FORSTER.

THE EDITOR AUSTRALASIAN MEDICAL GAZETTE.

SIR,—I am greatly surprised to read in the last number of your GAZETTE a paragraph, stating that I have stopped the threatened action of Smith v. Forster, by payment of £300 to the plaintiff. This assertion is utterly untrue, and without the slightest foundation. I neither have, nor do I intend to compromise the matter in any way; in fact I shall be only too much overjoyed if it proceeds, as I will then, without doubt, prove that instead of my acting with carelessness and undue haste I rather erred on the side of caution. I feel confident that Mr. Smith's legal advisers are aware of this, and will not risk the exposure, that shall most certainly be incurred, if they take legal proceedings against me. Hoping you will give publicity to my communication. I am, yours, &c., H. B. FORSTER, L.R.C.P., Ed., &c., &c.

Church street, Emerald Hill, Jan-23, 1882.

ANIMAL VACCINATION.

By WALTER EDWARD HACON, L.R.C.P. Lond., M.R.C.S.E.
Medical Director of the State Animal Vaccinal Institute at Sunnyside,
Christchurch, N.Z.

PROPOSITION I.—Cowpox, indigenous and natural, must be sought for.

Endeavours have been made in Melbourne, and also in Christchurch, at present without success as far as I can learn, to obtain satisfactory lymph from cows affected with natural cowpox.

In December last I took lymph, of a clear amber color, from large umbilicated vesicles, situate on the udder and teats of two cows. I was satisfied with the appearance of the eruption, and the dairyman and his wife assured me that they were certain it was cowpox, and that they had been familiar with cowpox in England.

I failed to propagate the lymph, and, therefore, it is a matter of doubt as to whether I have made a correct diagnosis. I believe it is our duty to endeavour to find the natural cowpox in cows, and to propagate it most diligently.

Until it is proved that Drs. Martin and Chauveau and Professor Fleming are all mistaken, we may, in spite of Professor Bollinger of Munich, believe in the existence of indigenous cowpox, even in the Australasian colonies, and try to renew our stock of lymph from such a source.

On September 9th, 1881, a very sensible letter appeared in the *Lyttelton Times* newspaper here, stating that "within the last 10 or 12 years a dairyman had seen his cows three times affected with cowpox, and that several members of his family, in the early part of the present winter, caught the cowpox from the cows."

Erasmus Wilson states, that "lymph has been procured directly from the cow in several counties of England, and numerous children have been inoculated with this primary lymph by Esllin of Gloucestershire, Fox and Sweeting of Dorsetshire, and Ceeley of Buckinghamshire, and by Saunoy in France."

PROPOSITION II.—Are cowpox and smallpox identical diseases?

There seems to be a very great difference of opinion as to the identity of cowpox and smallpox, but I think that the latest evidence is in favour of the two diseases being in no way akin.

Dr. Martin, of Boston, U.S.A., has stated, that "all that business which was going on to make cow-pox out of smallpox was an absurd delusion." Also, in the *British Medical Journal*, that "50 years ago a man inoculated cows with smallpox. The lymph which he sent out caused smallpox, and the man became insane." Also, that "the variolous lymph of Ceeley is an abomination." Lastly, Chauveau's experiments completely disprove the identity of the two diseases.

On the other hand, Dr. Bristowe, in his treatise on the "Theory and Practice of Medicine," third edition, 1880, says, "Cowpox has been found to prevail epidemically at times in every country in Europe. Yet, although thus common, it is doubtful if it is communicable from animal to animal, either by the breath or by the secretions. It is certain, however, that it is eminently contagious by inoculation from its specific pocks. Like most other affections, originating from contagion, cowpox, by one attack, protects against future attacks, but it similarly confers immunity against attacks of smallpox."

"It is this fact which gives so great an interest to all questions relating to its intimate pathology, and especially to the question of its exact relations with smallpox. Its identity with the latter disease was early surmised, and many arguments—in addition to the fact that it is protective against it—have been adduced in favour of this view. Thus, there is scarcely any appreciable difference between the pocks of the two affections, either in their anatomical characters or in their progress. It has been over and over again observed that epidemics of smallpox and cowpox occur in relation to one another, and it is certain that since the introduction of vaccination the so-called 'natural' cowpox has in great measure disappeared."

"But far more important than such facts as these are the experimental proofs which have been obtained by Messrs. Ceeley and Badcock, and some foreign observers."

"They have inoculated cows with smallpox lymph; have succeeded by this means in producing pustules at the seat of inoculation exactly like those of cowpox, and with their contents have successfully imparted cowpox to healthy cattle, and to the human being an affection exactly like that induced by ordinary vaccination. Further, by lymph thus obtained many years ago from bovine smallpox successful human vaccination has been perpetuated down to the present time."

As confirmatory of this view of the relation between smallpox and cowpox, it may be pointed out that the natural cowpox occurs only in the teats and udders of cows, that is, in exactly the situations in which smallpox would be most likely to be given to them by inoculation from man; and also, that cowpox when experimentally inoculated from cow to cow, instead of being perpetuated, as it is in man, tends before long to die out.

"It seems clear, therefore, that cowpox is smallpox modified and deprived of its virulence by transmission through the cow." (Dr. Bristowe adopted the opposite view in the first edition of his work).

Do not Pasteur's experiments point to the possibility of this last statement?

PROPOSITION III.—Natural history of smallpox inoculated on cows to be carefully studied.

Smallpox has arrived! Is not an opportunity offered at the Quarantine Stations of testing Dr. Bristowe's statement? His opinions might be relied on or refuted by practical experiment. Are not our ideas on the subject necessarily confused? If we can pass the lymph taken from a smallpox patient's vesicles through our cows or calves, or even make use of the scabs, and thereby obtain a fresh supply of calf lymph, the disease brings its own remedy with it.

Lymph taken from the vesicles of a smallpox patient might be propagated week after week through calves, and the natural history of the eruptions studied.

PROPOSITION IV.—It is the duty of Governments to propagate calf lymph at vaccine stations.

The New Zealand Government, recognizing the necessity of animal vaccination, imported calf lymph from Brussels, and I have already, by order of the Hon. the Colonial Secretary, vaccinated more than 40 calves, and so propagated a supply of bovine virus, distributing the lymph in New Zealand and to Melbourne and Sydney.

The lymph sent to Melbourne to Dr. Barker by my friend Dr. Osborne (who kindly took charge in my absence) from this Institute has been favourably spoken of in Melbourne (*vide Australasian Veterinary Journal*).

I have more reliance on vaccination direct from the calf than on any other method, and for distribution use chiefly ivory points (manufactured by Mr. Pozzi, of Christchurch).

PROPOSITION V.—Tubes are useless for distribution.

The points as Dr. Warlomont states, keep longer (8 days) and do not absorb the lymph as bone points do. Also, they can be used direct and thrown away, thus removing all fear of infected instrument, a most important consideration in busy practice.

I heard complaints about the non-success of tubes, and was much impressed with Dr. Warlomont's statement that "Tubes will be the grave of vaccination."

I have vaccinated both steers and heifers successfully. I generally take the lymph on the eighth day. Sometimes as early as the sixth, or as late as the tenth. I find that the vesicles form better and yield more lymph in cool weather, and that in hot weather the vesicles burst quickly or are "tapped" by the flies and scab too quickly. Calf lymph dries yellow immediately it is exposed to the air and must be taken quickly.

For age, I prefer heifer calves to be weaned and not over six months.

If I had facilities for giving the calves plentiful supplies of milk I should be inclined to make use of quite young calves (in preference to yearling heifers as recommended in the *Australasian Veterinary Journal*).

One of the attendants and two of the lunatic patients who handle the calves for me have suffered from cowpox. The attendant, a plethoric adult, had two large vesicles on his hand and a papular rash over legs and arms; he was not very ill with it although there was considerable oedema of the forearm and the gland above the inner condyle was tender. One patient had one large vesicle on one hand. The second patient had three or four vesicles, varying in size on each hand.

Erasmus Wilson says, p. 501, 6th edition *Skin Diseases*, that—"Casual Variola Vaccina, when the epidemic is abroad and the skin chapped is on transmission to man, remarkable for severity, subcutaneous abscesses are liable to form and the lymphatic vessels and glands frequently become inflamed." This I quote as a caution to those handling or vaccinating calves.

It is scarcely necessary to say that all calves should be certified healthy by a Veterinary Surgeon before being vaccinated and should

be well-fed and in cold weather housed. N.B.—The calf must be shaved and carefully washed. The best place is the udder and teats or medium line of abdomen.

I do not recommend Scabs or Crush Lymph. With patience, perseverance, and constant observation (after 5th morning) any medical man can propagate calf lymph in his own stable or paddock.

PROPOSITION VI.—*Retro-Vaccination is to be condemned.*

With reference to Retro-Vaccination, Dr. Jamieson says in the *Australasian Medical Gazette*, November, 1881, that "A stock of Animalised Vaccine can be got without delay, trouble, or expense by the process of Retro-Vaccination."

It is, however, a well-known fact that retro-vaccination is attended with much difficulty.

Ceeley succeeded, and the conclusions drawn by Erasmus Wilson were, that "for the purpose of improving the vaccine lymph *retro-vaccination* (or passing humanised vaccine virus through cows) is useless."

CASE OF REMOVAL OF THE TONGUE FOR CANCER BY MEDIAN DIVISION, ACCORDING TO PROFESSOR BUCHANAN'S METHOD, AS MODIFIED BY MR. MORRANT BAKER.

By THOMAS FIASCHI, M.D. et Ch.D. Pisa and Florence.

Medical Officer to the Hawkesbury Hospital and Benevolent Asylum, Windsor, N.S.W.

H. S., 53 years of age, had always enjoyed good health till Christmas, 1880. He then began to suffer from a small sore on his tongue, which rapidly increased, and was diagnosed as cancer.

When I first saw him, the 16th February, last year, he presented on left side of tongue a large ulcer, deeply excavated, with dirty looking fundus, and with irregular hard margins. It began on the level of the left canine tooth, and extended as far as the left anterior pillar of the palate. To feel sound tissue at the back of it I had to force my index in the isthmus as far as I could. The lymphatic glands under corresponding angle of jaw were enlarged, but not hard.

I decided to operate, and resolved to adopt Professor Buchanan's method, as modified and developed by Mr. Morrant Baker. On the 16th February, 1881, with the able assistance of Drs. Callaghan and Jockel, I proceeded to the operation. No anæsthesia was used; the patient was sitting in an arm chair. I first cut through the left cheek from the angulum oris to the anterior margin of left maxillary muscle. The facial artery, with its various branches, was secured. I then applied an iron gag on the right side of mouth, forcing it open, and entrusted it to one of the assistants. I seized the tongue, and passed through it, with a needle, two strong threads, one on each side of raphe, half-an-inch from it, and about one inch from the point. By means of these the other assistant was able to pull the tongue well out and upwards. Whilst in this position, with a pair of strong blunt scissors, curved on the plate, I divided the fraenum, passed one branch of scissors under mucous membrane, and keeping close to the bone I divided on both sides as far as I could. This allowed the tongue to be pulled out much further, and as the milo-hyoid muscle and sublingual glands were made more salient, I passed the scissors under them, and divided as much of them as I possibly could, without cutting the lingual artery. These incisions allowed the tongue to come out one inch further than at first. I here took the right thread in my left hand, whilst Dr. Jockel was holding the left thread, and with a narrow, slightly curved buttoned bistoury I divided the tongue along the fibrous septum, and having cut the lingual mucous membrane along its central line, I completed the splitting of the tongue as far back as possible with my index finger; very little hæmorrhage followed this. I then adjusted the twisted wire loops of two écraseurs, one round each half as far back as possible, and whilst I kept the loops in place the assistants—one for each instrument—began to tighten them. They first gave a few rapid turns, so as to numb the nerves and cause less pain, and after these they only gave one turn every two minutes. Within three-quarters of an hour both halves were cut through. No arterial hæmorrhage followed. I must say, that to make sure against secondary hæmorrhage, when the écraseurs had strangled each half, so as to leave a very narrow pedicle, I passed round this a ligature of strong silk. Few days after this operation I removed the enlarged lymphatic glands from under jaw.

Patient complained for two or three days of pain in hyoid region, but this passed away altogether. Two days after operation he was

able to swallow liquid well. Convalescence was good, and three weeks after operation the mouth was completely healed; patient could swallow, and articulate well enough to make himself understood; he was free from pain, and declared that he felt as well as he ever did.

Remarks.—I have brought this case before your attention to advocate surgical interference on cancer of the tongue, and to uphold the advantages of this particular method of removing the tongue by median division. Many surgeons have a strong objection to interfere in cases of cancer of the tongue on account of the very frequent return of the disease. They seem to accept as proved what Stromeyer said, "that it would be a greater boon for human-kind, and a greater honour to surgery, if removal of the tongue for cancer were never performed." To justify such a hopeless precept nothing less would be required, than the certainty of relapse, no matter how you operate. Now, there are many cases recorded in which undoubted cancers of the tongue were removed, and were never followed by return. I will limit myself to remind you of the one published in the *Lancet*, of the 27th October, 1880, operated on by Professor Buchanan, of Glasgow, in 1865, in which—15 years afterwards, in 1880—no sign of return had appeared. Many more are the cases in which life was prolonged for many months. By far the greater number of cancers of the tongue are epitheliomas, and these remain for a long time a local disease, differing from the other forms of cancer, which rapidly proceed by generalization and infection. Besides offering a probability of saving life, there is another point worth considering in favour of removal: In advanced cases it frees the patient from the most painful symptom—the presence of the diseased tongue in his mouth. You can well understand how this organ, so rich in nerves, and subject to almost constant motion, must cause intense pain and disgust, when covered by deep, fetid, cancerous ulcerations. If the patient must die from cancerous cachexia, far better for him if the localization is in the lymphatic glands of the neck, or some more internal organ, and if you operate you not only obtain that, but you render deglutition far less painful.

Mr. Morrant Baker, in the *Lancet*, of 10th April, 1880, quotes several cases of advanced disease in which, by operating, he afforded great relief to the patient, although he did not save his life. You will agree with me, that as soon as the presence of cancer in the tongue is made sure, it is most urgent to operate at once, and that you are justified to operate in all those cases in which you can cut on sound tissue, no matter how long the disease has come on, and even if there is slight enlargement of the submaxillary lymphatic glands. To encourage surgeons to do this, we required an easy and safe method of operating, and these advantages I claim for the one of median division. The difficulties of removal of the tongue are: how to divide it sufficiently backwards, and how to avoid the risk of hæmorrhage from the lingual artery without being able to get at it. By median division, if you divide freely the various anterior attachments of the tongue, you can draw this very forward, and you can push your index almost over the hyoid bone. In cases in which the disease is very far backward you can facilitate your various manipulations by dividing one cheek, or in extreme cases by performing section of the lower jaw in its symphysis. When you have split the tongue in halves you can easily remove these with the écraseurs as far back as possible, and there is no danger of hæmorrhage; for the mass to strangle is not large, and before completing the division you have always a small neck over which you can apply a ligature *en masse*.

This method is less dangerous to the patient's life, than those entailing division of the jaw, and much easier and effective than the other, in which you must cut a semicircular opening in the floor of the mouth; nor does it require a complicated apparatus, getting out of order when you most require it, as the method by the galvanocautery. With the method I advocate, any surgeon can easily be able to arrest this terrible disease, and when better known I hope that we shall see a smaller number of advanced cancers of the tongue that have been allowed to develop unchecked.

I have spoken to you of this method chiefly as valuable in removing both halves of the tongue; *a fortiori* you will understand its value in removing only one half, or portion of one half.

I will conclude by noting the points that require most care in this operation:—

- 1st. Divide well backwards the mucous membrane of the floor of the mouth, and as much of the anterior attachments of the tongue as possible.
- 2nd. Try to include in this division the sublingual glands.
- 3rd. Be sure of cutting well the lingual mucous, for at the back it

is very tough, and when that is divided you can easily split the tongue along the fibrous septum with your finger.

4th. Do not neglect to apply the wire loops on sound tissue, at least half-an-inch behind the disease.

5th. Whenever you require to remove both halves use the écraseurs, leaving division by the knife only in cases of division of one half.

6th. In using the écraseurs apply a ligature round the small pedicle, before completing the division, to make sure against secondary hæmorrhage.

TWO CASES OF INTESTINAL OBSTRUCTION.

By LOUIS HENRY, M.D., L.R.C.P. LOND.,
Honorary Physician, Alfred Hospital, Melbourne.

Read before the Victorian Branch of the British Medical Association.

T. T. C., twenty-three years of age, complained, on the 24th of January, of colicky pains in the neighbourhood of the epigastrium, with general feelings of malaise. The medical attendant who was first summoned considered the case as one of simple colic and prescribed a sedative draught accordingly. On the 27th, that is three days later, I was called in, and felt strongly inclined to assent to a similar diagnosis, particularly as the patient believed himself to be suffering from diarrhoea as well. I prescribed five grains of Dover's powder, to be repeated. The next day the symptoms appeared more severe, the vomiting became excessive, a marked pain was complained of over the left iliac region, and urine was passed with great difficulty, and very sparingly. There was no fever, while at the same time the meteorismus was prominent and the *terismus ani* gave cause for complaint. It was then only that I began to suspect some intestinal obstruction, and prescribed a calomel and jalap powder, which did not relieve the bowels. In the evening of the same day I administered an enema composed of salad oil, warm water and soap, injecting a fair quantity into the bowels. As nothing came away I made an examination per rectum and to my surprise felt a fluctuating tumour above the prostate, bulging into the rectum and pressing against the os sacrum seeming to take its origin in the recto vesical excavation. I at once ordered opium and belladonna and advised a consultation. On the sixth day Dr. Fitzgerald saw the patient with me and declared the obstruction of the bowels to be due to an abscess in the position just described, and the patient now received a pill containing one grain of opium, quarter grain of belladonna, and one-sixth grain carbolic acid, three times a day. Twelve leeches were also applied to the perineum. A catheter was passed to relieve the bladder. The patient's condition showed no signs of bettering itself, vomiting returned again and this time of an undoubted feculent character, and although he noticeably grew weaker, the heart's action remained good. Two days later Dr. Fitzgerald decided to operate, and after passing a rectal speculum, a probatory puncture was made with a small trocar into the tumour. A feculent smelling pus ran from the opening and after a deeper incision with the knife the foul smelling pus burst out in strong spurts. The patient bore the immediate effects of the operation very well, but remained unrelieved, and although I washed out the lower bowel with Condy and tried to pass an œsophagus tube, but a very small quantity of liquid faeces came away. The patient now rapidly sank, but passed, shortly before his death, a pretty large quantity of stinking faeces. In his last hours he was extremely restless, and high fever, probably due to the infection from the wound, and suppurating abscess in the rectum, assisted to bring about the sudden collapse. The peculiarity in this case is the seat of the abscess, which must not be confounded with an inflammatory condition in the ischio-rectal space, as it was discovered higher up the girt and much deeper in the ovarian tissue. We could trace no history in this case. The offensive character of the pus let out I suppose was due to the neighbourhood of the bowel. I regret that circumstances would not permit me to make a post mortem.

P.B., aged 33, admitted to the hospital 4th January. On admission he presented some of the characteristics of enteric fever, such as heavily furred tongue, high fever, pain in the right iliac region, and enlargement of the spleen. During the first few days, the temperature remained pretty steadily about 103 deg. F. All of a sudden a change took place and he became restless and violently delirious, so much so that he had to be fastened down in his bed. One night, however, he succeeded in breaking loose from his straps and advanced towards a patient suffering from heart disease in the next bed and succeeded in frightening him to that extent that he died in a few

hours afterwards. This delirium lasted about four days when he suddenly collapsed after vomiting a large amount of feculent matter. The bowels during the whole of these six days that he was in the institution had not been moved although repeated attempts were made to do so. A final attempt was made with passing the œsophagus tube per rectum attached to an enema syringe, but although some stool was passed, the collapse was so complete that any further attempt seemed dangerous.

Autopsy.—Body well nourished and muscular. The scalp vessels were loaded with venous blood, and the skull cap showed signs of congestion. The veins and capillaries of the dura mater were much congested. The pia-mater in parts showed extravasated patches from half to one and one-half inches in diameter. The ventricles were much distended with a turbid fluid, otherwise the brain was normal. The thoracic organs were normal, with the exception of the lower lobes of the lungs, which were loaded with dark blood. The intestines were enormously distended in parts containing scybala, and contracted in others, so that the gas was confined to certain portions of the tube. Slight extravasations were found in the mucosa of the stomach, which was covered with tenaceous mucus. The jejunum was thickly coated with catarrhal mucus and when this was scraped off showed intense injection of the vessels. This state of affairs was observable in portions of various length all along the alimentary tract, the intervening portions being free from congestion. No ulceration could be found. The liver was slightly fibroid, but contained much dark blood. The kidneys were enlarged, red capsule easily separable. Cause of death:—Gastro Enteritis with Meningitis.

CASE OF INTESTINAL OBSTRUCTION.

By WILLIAM MCCREA, M.B., M.R.C.S.E., L.S.A.L.,
Formerly Chief Medical Officer to the Victorian Government.

(Read before the Victorian Branch of the British Medical Association).

On the morning of the 16th October I was called in consultation to see a married woman about 50 years old, the mother of several children, of stout build, regular habits and sound constitution, who had been for several days suffering from constipation of the bowels. She complained of pain in the region of the cœcum, increased by pressure, she was distressed and anxious looking, the pulse was 86, the temperature normal, there was thirst and nausea, but no vomiting. Powerful purgatives and enemata had been administered, warm fomentation applied to the bowels, and liquid food only had been given.

I recommended the repeated injection of a large quantity of warm water through the long tube of the stomach pump, introduced into the bowels as far as it would go; the application of turpentine epithems to the bowels, followed by a poultice, and, in the event of the pain over the cœcum not being relieved, the application of twelve leeches.

The next morning I was called in again, no relief having followed the treatment. I found the patient considerably worse, the pain over the cœcum increased and great tenderness present in that spot, there was great anxiety expressed by the features, the face was hot and covered with perspiration, vomiting had taken place, but with no sign of fecal matter, the bowels had not been moved. No leeches had been applied, a large quantity of warm water had been several times injected, but it came away again without any fecus; the pulse was 100, and the temperature 100. Twelve leeches were then applied to the seat of pain, followed by a poultice, and the injections of warm water repeated. I saw her again in the middle of the day and in the evening. Great relief had followed the leeches and poultice, the temperature fell a degree, and the pulse was lowered to 90, there was still heat and perspiration about the face, which however had a less anxious expression, and there was less thirst, but there still remained a disposition to vomit, and the bowels had not acted. I recommended the injection of a large quantity of air into the bowels through the long tube of the stomach pump, this was carried out till the abdomen swelled up greatly, and, as my colleague stated, large quantities escaped by the mouth. This operation gave relief, the bowels were moved, a large amount of faeces came away; the pain over the cœcum was relieved and the case progressed to a favourable recovery, under the judicious care of my colleague.

There is little doubt on my mind, or on that of my colleague, that in this case was one of invagination of the colon at its junction with the cœcum, and that it yielded to the distension caused by the injection of air into the bowels.

The case was an important one, of not unusual occurrence, and I bring it before the association for discussion, in order to have the opinions and experience of the members as to the best and most prompt measures which should be adopted in similar cases. The necessity for prompt action in such cases is obvious, and had the treatment adopted failed in this case, I contemplated cutting down to the bowel at the seat of pain, and after ascertaining the cause of the obstruction, shaping my future proceedings by the state of the parts. But such an operation is not to be rashly undertaken, and I shall be glad if any of the members of this association can suggest any other remedial measures that could be adopted before having recourse to the knife.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF VICTORIA.

Melbourne, Wednesday, February 1st, 1882.

The ordinary monthly meeting was held in the Society's hall, on the above date, Mr. Hewlett, the newly elected President in the chair.

Mr. T. M. GIRDLESTONE read a paper on a case of Lithotripsy by Bigelow's operation. A lithic acid calculus of one and a sixth inch in diameter was removed by lithotripsy from a gentleman, aged 60, the detritus weighing 153 grains. It was first crushed with a fenestrated lithotrite, then the fragments were further reduced with flat bladed instruments. The bladder was well washed out between the crushings with Bigelow's India-rubber evacuator, the operation being completed in one sitting, which lasted two and a half hours. No bad symptoms whatever followed, the temperature continuing normal, and no pain being afterwards felt beyond a little scalding in micturition.

In the discussion which followed, Dr. ALLEN considered the length of the sitting a point in its favour as regards the success of the operation, while the general opinion was that lithotripsy, carefully and patiently performed, possessed decided advantages over lithotomy, especially, as Mr. Girdlestone pointed out, in the after conditions of the patient, Bigelow's method also being considered superior to the old. At the same time more than one speaker expressed his surprise that lithotripsy, though no new operation, was so seldom performed in the colony.

Mr. J. P. RYAN related a case of Injury to the Skull, in which there was a comminuted fracture with depression of the right parietal bone and some injury of the dura mater and surface of the brain. The fragments were raised and the patient recovered.

Dr. ALLEN then exhibited pathological specimens illustrating: (a) Malignant Tumour of the Chest, involving the pleura and surrounding the aorta. (b) Tunnelled Clot in an Aneurism of the Aorta, the tunnel being in line with the cavity of the aorta and the aneurism being a fusiform one. (c) Tubercular Pleurisy and Peritonitis. (d) Typhoid Ulcers, in one case at the stage of sloughing on the eleventh day, in another which died on the fortieth day after indiscretion in diet with a single deep ulcer near the ileocaecal valve. (e) Tubercular Ulcers of the small intestine with no history of diarrhoea. (f) Diphtheria.

Dr. BOWEN also showed a Crystalline Lens completely calcified, taken from a boy who had suffered an injury of the eye, the calcification being entirely confined to the lens.

A special meeting was then held to consider the proposed Amending Medical Act, and the present rate of Remuneration of Medical Witnesses, &c., a full report of which will be found below.

HALL OF ROYAL SOCIETY.

Melbourne, Tuesday, February 21st, 1882.

Report of Conference between the Council of the Victorian Branch of the B. M. A. and the Committee of the Medical Society of Victoria, on the inadequate remuneration of medical witnesses in police and other government cases.

On the motion of Dr. Neild, Dr. Hewlett was elected chairman.

Dr. NEILD pointed out that the subject of insufficient remuneration had frequently been brought before these societies, and that the object of this meeting was to act collectively, and to draw up a report enumerating the grievances complained of, to be presented to the Government.

Dr. ALLEN then read the report of the Victorian Branch (a copy of which appeared in one of our last numbers).

Dr. NEILD said that credit was due to Dr. Fyffe for bringing the matter originally forward, by instancing several cases where mothers brought their children to the medical man for examination, especially young girls who were suspected of having been assaulted. The medical examiner receiving no payment for this examination. Besides this they get inveigled into giving an opinion when they are at once subpoenaed in the usual way. He thought that there should be some recognition by the Government for these preliminary examinations.

Dr. BURKE did not think that the Government could be held responsible for these special cases, but if a policeman should bring the case that an expert fee of at least ten guineas ought to be obtained for examining a child on the direct authority of the Government.

The CHAIRMAN considered that when the woman comes alone and unauthorised by a Government official, that she herself is answerable for the fee, and Medical men ought on no account to examine such cases without a written authority.

Dr. ALLEN remarked that police cases could be classified under three headings. 1st.—Cases in which a medical man is summoned to an accident, here he usually attends willingly without considering his fees. 2nd.—Cases, for example, in which a woman brings a female child to be examined for suspected violation; after giving an opinion the medical man learns that the police told her to come and he finds himself committed to the case. 3rd.—Cases in which a medical man is requested by a competent police officer, clerk of courts, or magistrate, to perform a certain examination, we render certain services. He thought that there would not be much difficulty in the practitioner getting his fee in such cases, for Dr. O'Hara had claimed five guineas for examining a suspected rape case at the request of the police; the amount was disputed, but the chief medical officer ruled that he was entitled to ten guineas, and upon this decision the account was paid.

Dr. NEILD said in reference to paragraph sixth of the report, the amount of fees paid for lunacy certificates is too small, and out of proportion to the great responsibility incurred. In cases where he could not certify to a patient's insanity, and whom he had frequently visited, he could not get paid. It was only on signing the certificate of insanity that he got the paltry sum of one guinea, he considered that it amounted to a premium being offered to carelessness and unscrupulousness. He considered that magistrates had no legal authority to compel medical men to enter the witness box and give evidence on oath in cases of suspected insanity.

Dr. MOLONEY thought that professional work done ought to be paid no matter what the result. The Conference then decided to report that for the examination of an alleged lunatic the fee of two guineas be allowed.

In connection with paragraph three Dr. NEILD thought the fee of £1 per diem for attendance at law courts was preposterously inadequate, and as but a short time back the sum of two guineas was customary, it was decided that the restoration of the original fee of two guineas per diem for attendance in any court of law be asked for.

It was also decided to petition Government to restore the former allowance of eighteen pence per mile one way for travelling expenses, and further to allow the ordinary expert's fee of ten guineas whenever a medical practitioner is called upon to give special advice to the Government.

Drs. Allen and Henry were then appointed to draw up a report comprehending what had been agreed on, and to call the meeting together at a future period.

PERMANGANATE OF POTASS IN SNAKE BITES.—Dr. Thomas Hoskins, of Fingal (Tas.), publishes, in the *Hobart Mercury*, a case of snake-bite successfully treated by the injection of Permanganate of Potass. Dr. Hoskins states, that the patient, who was bitten in the leg by a diamond snake, was brought to him some four hours after being bitten. He well scarified the part around the bite, and injected the said solution in different directions. Brandy and ammonia in small quantities were frequently administered internally. Immediately upon using the solution, there seemed a marked change, and the flesh around the wound turned a blue colour. Dr. Hoskins believes it to be the best antidote for snake bites.

THERE is an outbreak of typhoid fever at Pukekohe, Auckland, N.Z., and several deaths have occurred. There are several cases in the Auckland Hospital. Typhoid fever has also broken out at Loburn and at Waimate, Prov. Canterbury, N.Z.

HOSPITAL INTELLIGENCE.

ADELAIDE HOSPITAL.

From the annual report of the Board of Management of the Adelaide Hospital for the year ending December 31st, 1881, we observe that the principal causes of death in Hospital were from Phthisis, 22; Pneumonia, 22; and Enteric fever, 12. Of the total deaths during the year, 21 occurred within twenty-four hours of admission; and 54, or nearly one-half, occurred within seven days of admission.

There have been 260 operations performed during the year, of which 254 were successful, including 3 of ovariectomy.

Ninety-three patients have been sent to the Convalescent Home, Semaphore, at a cost to the institution of £107 11s. 5d.

The wards for infectious diseases have been in use during the year for twenty cases of measles and seventeen of scarlatina, exclusive of other cases.

Two wards, one in the male and another in the female department, have been set apart for the treatment of cases of eye diseases, and Chas. Gosse, M.D., has been appointed honorary ophthalmic surgeon to the institution for a period of five years, to treat both in and out patients.

The sanitary condition of the institution is satisfactory, and all the drainage is now connected with the main sewer.

Mr. J. R. Gurner, L.D.S., honorary dentist to the Hospital, attended 123 cases of dentistry.

The honorary medical officers who retired by effluxion of time were Messrs. T. W. Corbin, M.R.C.S. (who did not offer himself for re-election), and E. W. Way, M.B.; and the vacancies in the honorary medical staff were filled by the election of Messrs. E. W. Way, M.B., and S. K. Ellison, M.R.C.S.

At the monthly meeting of the Board of Management of the Adelaide Hospital, held on Friday, January 27th, it was resolved that, in view of the possibility of the application of any case for admission exhibiting symptoms of Smallpox, a tent be procured for the isolation of cases of a doubtful character until they could be transferred to the building provided by the Board of Health. It was further resolved that all the nurses and servants of the institution be vaccinated.

Report of the Sub-Committee appointed to inquire into the system adopted in the treatment of out-patients at the Destitute Asylum was read. It stated that the evidence taken did not point to any flagrant abuse of the department, but that the Committee are of opinion that amongst the patients are some who could pay for advice and medicine, and it was ascertained that some patients have attended off and on for four or five years. To check the latter the Committee recommended that the orders for treatment be limited to two months, but renewable at the option of the medical officer in attendance. That the evidence is unanimous that the present secluded site of the out-patients' dispensary favours imposition, and that the majority of the Committee consider that it would be advantageous to have a building erected near the Hospital Lodge. Without increasing the clerical staff it would then be possible to have the names, occupations, and addresses of the out-patients taken down, and by proper inquiries to exclude those unsuitable for free attendance. That such a building would allow of the sexes being separated in the waiting-room, and could be so arranged as to facilitate the work of the house surgeons and of the dispenser. Resolved that the report of the sub-committee be adopted.

BRISBANE HOSPITAL.

From the thirty-third report of the Committee of the Brisbane Hospital we learn that the number of patients treated at the institution in 1881 was as follows:—Remaining in the hospital on January 1st from the previous year, 109; admitted during the year, 1080; discharged, 984; died, 96; remaining in the hospital on the 31st December, 109. Daily average number of patients during the year, 106. Number of out-patients at the hospital, 1064, and at the town dispensary, 565. The in-door patients in 1881 exceed those of 1880 by 92, and of out-patients by 251.

GEELONG HOSPITAL (VICTORIA).

At the meeting of the Committee of the Geelong Hospital, held on Friday, February 17th, it was resolved to invite applications from single medical men willing to fill the position of Resident Surgeon at a salary of £200 per annum. It was also stated that the honorary medical staff were willing to adopt the Melbourne Hospital principle of dividing the beds, Drs. Reid and Croker, and Drs. Wyer and

Smith taking alternate fortnights, and being responsible for the patients committed to their care.

LAUNCESTON GENERAL HOSPITAL.

A meeting of the Hospital Board was held on Thursday, January 19th, when Dr. L. G. Thompson, the new House Surgeon, was introduced. A letter was read from the Colonial Secretary, approving of Dr. Thompson's appointment at £350 per annum and house rent free, to which the Chairman replied to the effect that the salary was £400, and asking the Colonial Secretary to make a correction of the mistake. In a letter received on the 16th January the Colonial Secretary said that in the estimates passed by Parliament the doctor's salary was set down at £350, but under the circumstances the Government would assent to the salary being £50 additional, but reserved their right to alter it at the end of 1882.

The Chairman also intimated that the Government had decided to appoint a dispenser, in conjunction with the office of house steward, at £150 per annum, with quarters.

Accounts from Drs. W. R. Stewart, Mason, and Maddox, for £5 5s. each, for inspection and report of the Hospital, were deferred till next meeting.

LYING-IN HOSPITAL IN CONNECTION WITH THE SYDNEY BENEVOLENT ASYLUM

The annual meeting of the Sydney Benevolent Asylum was held at the institution on Wednesday, January 25th, when the annual medical report was read, as follows:—

"During the past year 225 women have been brought over their accouchements in the institution, 50 of these only being married, while 175 were unmarried. There were 212 births—of these 111 were males and 101 were females. There were 57 deaths in the institution during the year; a large percentage of these having been admitted to the asylum in a hopelessly diseased condition. Of the 57 people who died 43 were infants aged under 12 months. The cause of death in 31 instances was atrophy or wasting disease, while in 5 instances it was premature birth. Appended to this report is a table which shows the number of deaths which occurred during each month, the ages of those who died, and the diseases which proved fatal. There has been no epidemic disease, either in the Lying-in Hospital or in any other part of the asylum, during the year. In consequence, however, of the epidemic of smallpox which has been prevalent in the city, the out-door department for the treatment of uterine diseases has been closed for the time being, and all visiting to the institution has been suspended. The boarding-out of destitute children in respectable families in the country, and the frequent drafts of children to the Randwick Asylum, have exerted a very beneficial effect on the health of those remaining in the house. In fact, there has been very little sickness among children over three years of age. The matron, resident midwife, and nurses have performed their different duties in a most efficient manner. (Signed) W. EDWARD WARREN, M.D., Visiting Medical Officer; WALTER W. J. O'REILLY, M.D., Hon. Consulting Physician; J. CROZIER DURHAM, Hon. Consulting Surgeon."

The following is a return of the state of the Benevolent Asylum for the year 1881:—Remaining in the asylum, 75 women, 177 children; admitted during the year, 288 women, 289 children; births, 212; total, 1041. Discharged: With permission, 274 women, 305 children; to Roman Catholic Orphan School, 2 children; to Infirmary, 6 women; to police, 3 women, 3 children; to absconded, 5 women, 7 children; to Randwick D. C. Asylum, 127 children; to boarding-out inspector, 36 children; died, 6 women, 51 children; to Hyde Park Asylum, 1 woman; remaining in the asylum 31st December, 1881, 73 women, 147 children; total, 220.

HOSPITAL FOR SICK CHILDREN, SYDNEY.

The annual meeting of the Committee of the Hospital for Sick Children, Glebe Point, was held on Monday, January 23rd, at 35 Castlereagh Street.

From the annual report we take the following statement of in-patients for the year ending December 31st, 1881: Remaining on December 31st, 1880, 15; admitted in 1881, 64; total, 79. Cured, 31; relieved, 6; incurable, 3; died, 3; taken out by relatives, 11; remaining December 31st, 1881, 25; total, 79. In estimating the work done by the hospital, the actual number of patients passing through the wards should not alone be considered, for it should be remembered that many of the cases treated are of such nature that the process of cure is necessarily very slow and protracted. Some cases of scarlet fever occurring during the last few months, rendered it necessary to use the isolated ward, and to engage two extra nurses, and this has somewhat raised the expenditure. These patients are now well, and there has not been a fresh case for

more than two months. The House Committee considered it desirable during the recent outbreak of smallpox to close the Hospital from visitors, and this prohibition is still in force. It is encouraging to find that the number of the inmates of the Hospital has increased more quickly than in any other Children's Hospital in these colonies. Thus, in the fourth year after the Melbourne Children's Hospital was established, the number admitted was 55, while in this second year the number has been 64. The nursing staff, consisting of two Sisters and four nurses, has maintained a high standard of character and efficiency. Some ladies have desired to enter the Hospital to train for nursing, but on account of the limited number of its inmates it has not been considered practicable to entertain such applications. The Board also express their thanks to the members of the honorary medical staff, who have at much sacrifice given their services to the Hospital.

PUBLIC HEALTH.

DURING the month of December, 1881, as many as 16 deaths from childbirth or metria were recorded in Melbourne and suburbs, which is a higher number than in any previous month. The total number of such deaths during the year 1881, together with the proportion to the births of children registered as born alive, was as follows:—Deaths from childbirth and metria, 103; total number of births, 9236; deaths of mothers to births, 1 to 60.

THE deaths registered in the district of Adelaide during the quarter ended December 31st, 1881, are exceptionally high, numbering 934. Such a high number does not appear in any of the former years. The death-rate per 1000 of the population is 12.80. The high rate is due to the severity of diarrhoea, especially amongst children, which most especially appeared in the month of December. Deaths from zymotic diseases were, in October, 35; in November, 52; in December, 103. The deaths of children under one year of age from convulsions numbered 145. At the same age, and under atrophy and debility, the deaths were 49.

INFANTILE sickness in Brisbane is on the increase, although whooping-cough has slightly decreased. Amongst adults, diarrhoea and typhoid fever are very prevalent.

A CASE of leprosy in a Chinese having been reported from Castlemaine (Vic.), the Chief Secretary on the 2nd February instructed that the police were to take immediate steps to secure isolation. Arrangements have been made for his confinement in a tent in an acre paddock belonging to the local Benevolent Asylum. In a few days a hut will be erected for his accommodation.

THE appearance of diphtheria at Peshurst, in the Western district, has been reported to the Central Board of Health for Victoria. Two persons were suffering from that disease in the last week of February. Diphtheria has also broken out at Port Lincoln, S.A.

ENGLISH cholera is very prevalent at Ballarat, Vic.

OPHTHALMIA is prevalent to an unprecedented extent in the country districts of Victoria. The disease is not confined to any particular part of the colony, but has broken out in all directions.

PNEUMONIA is fearfully prevalent in the neighbourhood of Mount Gambier, S.A., and four deaths have already occurred from it.

It having been reported that an epidemic had broken out at Tumberumba, N.S.W., Dr. Agassiz, Government Medical Officer of Adelong, visited the locality, and found that four or five members of the family had died of malignant scarlet fever, and that the disease was more or less prevalent in a mild form in the town and immediate neighbourhood.

SEVENTY cases of scarlet fever, six of which terminated fatally, occurred at Orehunga, near Auckland, N.Z., during the month of January. It is reported that the disease was spread by a milk vendor, and this opinion is favoured by the Health Officer, Dr. Scott.

SCARLET fever has broken out at Auckland and vicinity, also at the Bay of Islands, N.Z. A nurse in the Auckland Hospital died from malignant scarlet fever in January.

SCARLET fever is again very prevalent at Thames, N.Z.

ONE case of scarlet fever has occurred at South Brisbane, Queensland, and two fatal cases at Lefroy, Tasmania.

SEVERAL cases of scarlatina have occurred at Helensville (Prov. Auckland), N.Z.

SCARLATINA has again shown itself at Mount Gambier, S.A., six cases having been reported.

TYPHOID fever has been prevalent in the Dunedin Industrial School during the last three months. There have been more than fifty cases, four of which terminated fatally.

ON the 20th February there were seventeen patients in the Adelaide Hospital suffering from typhoid fever; twelve of the cases occurred in the city.

THERE are several cases of typhoid fever in the Mudgee Hospital, N.S.W., the patients being men employed on the railway works. The fever is said to have originated in the bad water supplied to the men. One of the sufferers has died since.

A CASE of fully developed typhoid fever has occurred near Gunnedah, N.S.W.

REVIEW.

THE ACTION OF DUBOISIA ON THE CIRCULATION, by George A. Gibson, M.D., D.Sc. Edin., F.R.S.E., Fellow of the Royal College of Physicians of Edinburgh, and Lecturer on Medical Anatomy and Physical Diagnosis in the Edinburgh Medical School.

We have looked over this little pamphlet with much pleasure, as it has reference to a plant which may be considered as purely Australian, having its habitat, according to the "Flora Australiensis," in the Brisbane River, and from Port Jackson to the Blue Mountains, although the Duboisia Myoporoides is also found in New Caledonia.

In October, 1877, Dr. Bancroft, of Brisbane, gave an account of its mydriatic properties. Dr. Fortescue of Sydney, read a paper before the Royal Society on the subject, which, we believe, has never been printed. Mr. Tweedy and Professor Ringer and Professor Thomas R. Fraser published papers, and from these gentlemen all that is known on the subject has been obtained. The Pituri plant yields a stimulating narcotic, which is used by the Australian aborigines. The alkaloid Duboisia dilates the pupil, dries the mouth, produces headache, causes drowsiness, and finally induces tetanus after the lapse of some hours. It is antagonistic to Mescaline and Pilocarpin, and resembles Atropia in its action.

The author describes the influence caused by injecting the sulphate of Duboisia on the circulation as a whole, and on the nervous mechanism controlling the heart and vessels. Eighty experiments were performed on rabbits, and several more on frogs. After describing these and their results the author deduces from them the following conclusions:—

1st. Duboisia in quantities not exceeding 0.005 grammes raises the arterial pressure, without materially affecting the pulse rate.

2nd. In quantities not exceeding 0.05 grammes it diminishes the blood-pressure, and lessens the pulse rate.

3rd. In quantities of 0.05 and upwards it causes death, with the heart in a state of diastole.

4th. Upon the heart itself Duboisia has but little action, except in very large doses, i.e., doses of more than 0.05 grammes, and then it causes arrest of the heart in diastole.

5th. Duboisia stimulates the central inhibitory mechanism.

6th. The alkaloid paralyses the peripheral inhibitory apparatus.

7th. Duboisia stimulates the central vasomotor apparatus, and causes contraction of the arterioles in small doses; in large doses it lowers the activity of the central vasomotor mechanism, and dilates the arterioles.

8th. Duboisia has no influence over the sympathetic nerve.

From this it may be seen that we have a valuable cardiac stimulant in this Australian plant. The little pamphlet is well worthy of perusal, and we can recommend it to our readers.

PROCEEDINGS OF COLONIAL MEDICAL BOARDS.

The following gentlemen having presented their diplomas, were duly registered as legally qualified Medical Practitioners by the respective Boards:—

NEW SOUTH WALES.

Dückershoff, August, M.D., Leipzig, 1874.
Renwick, George James, M.B., Ch.M., Edin., 1881.
Twynam, George Edward, L.R.C.P., Lond., 1881, M.R.C.S.E., 1880.
Warren, John Monteith, M.D. et Ch.M., Queen's Univ., Irel., 1874.
Additionally registered—
John Mildred Creed, L.M.R.C.S.E., 1866.

NEW ZEALAND.

Walker, Henry, Auckland, L. et L. Mid., F.P.S. Glas.

QUEENSLAND.

Cutfield, Arthur, M.R.C.S.E. et L.S.A., Lond., 1880.

Scholes, Richard Battersby, M.B. et Ch.M., Edin., 1874.

TASMANIA.

Marr, Joseph Bell, L. et L. Mid., F.P.S., Glas., 1860, L.R.C.P., Edin., 1864.

Payne, Charles Alexander, M.R.C.S.E. et L.S.A., Lond., 1878.

VICTORIA.

Ochiltree, Edward Graham, M.B. et Ch.M. Glas., M.R.C.S.E., 1881.

Additionally Qualified Registered—
Harricks, Francis Meagher, of St. Kilda, M.K.Q.C.P. Irel.

NOTICES TO CORRESPONDENTS.

Articles, Letters, and all communications intended for publication, also Books for Review, to be addressed to "The Editor of The Australasian Medical Gazette, 35, Castlereagh-street, Sydney."
 The Name and Address of the sender must accompany every communication, not necessarily for publication. Anonymous letters will not be noticed.

The Australasian Medical Gazette.

WEDNESDAY, MARCH 1, 1882.

THE address which was delivered by Dr. Cameron recently before the Health Department of the Social Science Congress on Micro-Organisms and Disease contains an epitome of the knowledge at present acquired on this subject. On reading the article in question the fact that the treatment of persons suffering from Zymotic disease may be about to undergo a revolution is patent to every practitioner, and that through the assistance of the queen of instruments, the microscope, and the untiring exertions of such seekers after knowledge as M. Pasteur, Dr. Davaine, and Dr. Hock, we will soon be in a position to meet the Spirilla, Bacilli, Bacteria, Micrococci and other micro-organisms on their own ground. We trust speedily to be able to subdue and eventually entirely prevent them attacking the human body, at least in such strength as they have heretofore done. Moreover, it is shown that the particular organism which is present in a Zymotic disease may be cultivated outside the body and reproduced in a medium, such as chicken broth. This, from the fifth to the tenth generation, may in some cases be introduced into the human system and reproduce a modification or slight attack of the original disease, which will, like vaccination, protect the recipient from the more virulent form of the complaint. By accurate observation the silkworm disease, which bid fair to entirely destroy the insect, M. Pasteur has succeeded in subduing. In 1876 Dr. Koch discovered the Bacteria which were the cause of splenic fever in cattle, and in cultivating them outside the body: by injecting into the system of healthy animals some of the micro-organisms thus modified, he protected it from the more virulent attack of the fever. Dr. Klein soon after was equally successful in his discovery with regard to pig-typhoid, and M. Toussaint in the so-called fowl-cholera. In the course of his experiments M. Pasteur ascertained that the spores of "Bacillus anthracis" were capable of reproducing themselves as splenic fever in the ox after ten years burial in the ground, and that this micro-organism, when introduced into the system of man, caused malignant pustule. Hydrophobia has been proved by M. Pasteur to be caused by micro-organisms, and numerous experiments have been made with regard to this disease. Phthisis is found to be eminently contagious, and that by eating tubercles in the flesh of animals the disease may be introduced into the system of a healthy person, depending upon viable micro-organisms. Ague has also been found to depend upon the presence in the blood of a Bacillus, introduced into the system by the lungs, or sometimes into the stomach by water, and emanating from marshy ground. Dr. Klebs and Tomassij-Crodelli have spent much time and trouble in investigating, in the Compagna, near Rome, this subject.

The article goes on to say that a M. de Loiville, a French physician residing at Rio Janeiro, injected into the veins of a person suffering from the last stage of yellow fever, as a *dernier resort*, a solution of Carbolic Acid, and in three days time she was well. He treated a dozen other such cases afterwards in the same way and all recovered. He looks upon this treatment during the period of incubation as a preventative. He thinks that in the future it will be incumbent for the medical student not only to learn the cause, symptoms, and treatment of diseases in the human subject, but his duty will be to investigate it in its original habitat in the lower organisms, and that a course of histology and morbid pathology in connection with comparative anatomy will be necessary. What a

bright eradocs this glimpse into futurity hold out to the dazzled vision, and what an extension of life and all its comforts is foreshadowed when each individual disease thus studied the physician can attack the germs, and without in any way injuring the host or putting him to discomfort, may succeed in causing the unwelcome minute guests to take their departure! That medicine is progressive there can be no doubt to all those who have watched its rapid advance during the last twenty years, but these last discoveries open the way to cause it to be considered one of the most useful, and day by day to partake more and more of the character of an exact science.

At the late meeting of the subscribers to the Sydney Hospital the Rev. Mr. GARNSEY pointed out that the whole of the public charitable institutions, supported by State funds, in Sydney, were in the hands of directors who belonged to Orange societies, and who were guided by Orange sentiments in the election of their colleagues, and the general government of the charities. The question also was debated, whether it was better that the honorary medical officers should be appointed by the Board of Directors, or elected by the subscribers. We have a great objection to the election of the honorary officers by subscribers, as it tends to place young untried men in the position which should be occupied by those who, during a lengthened professional career, have shown by their ability and capacity their fitness to undertake these appointments. Yet how few of us are there who have resided for a decade in any large town who have not made enemies amongst the subscribers to the institutions? What man of standing will go with his hat in his hand, and ask his butcher and his baker to give him their vote? Men of position do not do this; young men do not mind it; it brings them before the public, and suits them. Therefore, the institutions are more likely to get young, untried men than men of standing when thus elected by the subscribers, and we should infinitely prefer the appointments made by a Board of Directors. Then, however, the charge made by Mr. GARNSEY meets us, and we think it is incumbent on the Directors to either clear themselves from the imputations or resign. However we would prefer an appointment by a Board of Directors over a general election by subscribers, yet an appointment of honorary medical officers by an Orange Board of Directors we consider by no means such an advantage, as we are satisfied that these gentlemen would prefer to elect those to fill the vacancies who are more or less imbued with the same sentiments.

THE MONTH.

NEW SOUTH WALES.

DR. H. N. MACLAURIN, who was recently appointed to a professorial chair in the Sydney University, has resigned the position. Dr. MacLaurin is suffering from a serious attack of debility and jaundice, and has been advised to relinquish his practice and seek absolute rest and change of air, and this is stated to be one of his reasons for declining the honour which the Senate has conferred upon him.

DR. J. W. ALSTON, of Sydney, died on Thursday, February 23rd. He had been ailing for some weeks past, and recently went to his cottage residence at Sandringham for rest and change. Whilst out in a boat with his family, on the day of his death, he was seized with a fit, and on being taken to his residence, Dr. Schuette was sent for and attended him. He continued to suffer from fits, and died about one o'clock in the afternoon. Dr. Alston was a native of Sydney; he was 34 years of age, and leaves a wife and one child, having only been married about two years.

DR. WALTER JUSTIN ADAMS, late of Adelong and Blayney, was found on Monday night, February 6th, lying across the up railway line at Newtown, near Sydney, with his legs resting on the down line, and his body lying between the two rails. He was taken to the Sydney Hospital, where it was found that his right foot was smashed up to above the ankle, that the left leg and right arm were

broken, and that he had also sustained a fracture of the skull. He was conscious when admitted, but died at a quarter to three o'clock next morning, about two hours and a half after admission. Dr. Adams, it appears, was crossing the line when the eleven o'clock train with empty carriages from Homebush to Sydney, and which does not stop at Newtown, was passing, and the train knocked him down.

THE Committee of the Hospital at Newcastle have approved of the site at the Bluff for a Contagious Diseases Hospital.

DR. WM. FRED EWINGTON, late of Clermont (Q.) and Gunning, has commenced practice at Gosford.

DR. GEORGE READ, late of McDonald River and Tamworth, has commenced practice at Gunnedah.

DR. STEEL, late of Birmingham, has commenced practice at 52 College Street, Sydney.

DR. WILKINSON, who has been the Medical Officer of the Orient s.s. "Potosi," for the last two years, on board that vessel, is about to depart for Corowa, in which district he intends to practise his profession.

NEW ZEALAND.

A LARGE and influential meeting of representatives from all the Benefit Societies in Canterbury was held at the Foresters' Hall, Christchurch, last month, when a resolution affirming the desirability of establishing a dispensary for the use of the various Friendly Societies was unanimously adopted.

THE settlers at Tikorangi (Prov. Taranaki) have presented a testimonial to Dr. J. M. Gibbes, of New Plymouth, expressing to him their sincere thanks for his kind attention to their families during the late epidemic of diphtheria in the district, and for the efficacy of his treatment of the disease. Dr. Gibbes, in returning his thanks for the testimonial, said that "he looked forward to no very distant day when we shall no longer fear epidemics of this and other diseases, as the causes of them are being at last discovered, and, like smallpox, we shall have an antidote for each."

AN unqualified practitioner at Napier, named Lawrence, was on February 17th sentenced to three months' imprisonment for obtaining money under false pretences. The offence consisted of charging the Rev. Mr. Simcox, of Porangarau, the sum of three guineas for attending his wife, as a legally qualified medical practitioner.

THE Christchurch Local Board of Health and Hospital Board have now under consideration the question of establishing a contagious diseases ward in the hospital of that city.

DR. E. MENZIES, Medical Officer to the Hospital at Napier, was presented with a piece of plate by the Hospital servants on February 14th, on the occasion of his marriage.

THE partnership heretofore existing between Dr. Edward Ellis and Dr. F. MacBean Stewart ceased by effluxion of time on the 16th January, 1882, and the practice will henceforth be carried on by Dr. Stewart, in Dr. Ellis's late residence, Armagh Street West, Christchurch.

DR. T. O. GUTHRIE, of Lincoln (Prov. Canterbury) is about to take a twelve months' holiday, necessitated by the precarious state of his health, and during Dr. Guthrie's absence Dr. A. C. Preston will take charge of his practice.

DR. NEDWILL has resigned his position as Public Vaccinator for Christchurch.

QUEENSLAND.

THE Committee of the Brisbane Hospital complain that the institution is improperly brought into competition with the medical profession by admission tickets, especially for out-door patients, being constantly produced by persons who are really not objects of charity.

DR. J. L. CUPPAIDGE, who for the past eight months acted as assistant to Dr. J. Harris, of Newcastle, N.S.W., has been appointed Surgeon to the Hospital at St. George.

DR. F. PAOLI, late of Gladstone, S.A., is now staying in Brisbane, with the view to settle permanently in the colony of Queensland.

DRS. T. W. GARDE and E. Roberts have been appointed members of the Local Board of Health for the Municipality of Toowoomba, and Dr. A. H. F. B. Kortuem for that of Cooktown.

DR. THOS. H. MAY, of Bundaberg, has been nominated a member of the Local Board of Health for that municipality, and Dr. Joseph Ahearne for that of Townsville.

SOUTH AUSTRALIA.

MR. T. CHALWIN, M.R.C.V.S., of Adelaide, has established a temporary depôt, about two miles out of town, for cattle, upon which he proposes to experiment for various purposes. Mr. Chalwin has secured two fine, healthy animals—a heifer and a young cow with her first calf—from which he expects a large quantity of lymph—enough, in fact, to supply several hundred persons. With a view to having reserves Mr. Chalwin intends getting a few more heifers or cows to be operated upon successively. He has received some bottles of lymph points, and also dried matter from Melbourne.

DR. ALFRED CAVE died after a most painful illness at Brompton, near Adelaide, on Saturday, February 4th. The deceased gentleman formerly practised his profession at the Burra and North Adelaide, and on being appointed surgeon to several lodges he removed to Brompton. He was only 39 years of age.

THE Local Board of Health of Port Adelaide, in reply to the Central Board's communication of the 7th January, relative to the appointment of an officer of health, informed the Central Board that they did not see the present necessity of such an appointment, and that the health rates were not heavy, and were consequently insufficient to pay the salary of a permanent officer. The Secretary was instructed to reply, urging strongly upon the Local Board that they should reconsider their decision.

DR. JAMES JACKSON, House Surgeon of the Hospital at Mount Gambier, who has for some time occupied the position of Assistant Colonial Surgeon, has intimated to the Chief Secretary his desire to be relieved of his appointment about the middle of May. He intends to proceed to England, and will ultimately settle in Melbourne.

DR. D. A. MACLACHLAN, late of Salisbury, has removed to East Street, Brompton.

DR. J. T. PARKINSON, of Crystal Brook, has been appointed a member of the Board of Advice for his school district.

TASMANIA.

DR. D. E. STEWART, who for some time had been practising his profession at Mount Bischoff, was, on the eve of his departure for Victoria, entertained by his many friends in the district at a dinner given to him at Pearce's Hotel, Waratah, on Friday night, the 10th February. The usual toasts were given, then followed the reading and presentation to Dr. Stewart of a tastefully illuminated address, signed by the principal residents. It conveyed feelings of regret at parting with one who had made himself so useful, both as medical officer and a citizen, during his residence at Waratah, and wished Dr. Stewart and his wife success in their future sphere of labour. The next toast, "Our Guest," was proposed in a speech of some length, in which allusion was made to the many friends Dr. Stewart had made, and to the many pleasant gatherings in which he had been one of the foremost moving spirits. Dr. Stewart replied in suitable terms. Dr. J. B. Marr, late of Ballan and Ballarat, Vic., and Parkes, N.S.W., has succeeded to his practice.

DR. ARTHUR BINGHAM CROWTHER has tendered his resignation of the position as House Surgeon to the Hobart General Hospital, having accepted a lucrative appointment in Victoria. Dr. Lonsdale A. Holden, who for some years has discharged the duties as Assistant-House Surgeon to the satisfaction of all concerned, has been promoted to the position of House Surgeon, at a salary of £420 a year.

DR. J. H. DUNDAS, Health Officer for the Don, Forth, Leven and Penguin districts, also officiates as lay-reader at the Anglican Church at Hamilton-on-Forth.

DR. R. W. MURPHY has resigned his position as Honorary Medical Officer to the General Hospital, Launceston.

A COTTAGE hospital is now being built at Lindisferne Bay.

THE HON. J. W. AGNEW, M.D., of Hobart, now on a tour through Europe, has written to his Tasmanian friends from San Remo, in Italy, where, on account of Mrs. Agnew's health, he was staying towards the end of last year. He was to proceed thence to Naples, Venice, Florence, Geneva, and Paris; thence to London, Dublin, and Scotland; and on his return trip to Tasmania Dr. Agnew intends to visit Canada and the principal towns of the eastern part of the United States.

PROFESSOR CHANDLER ROBERTS, who has been selected by Dr. Agnew, of Hobart, during his recent stay in England, as the new Government Analyst, has arrived in the colony, and brought out the fittings and necessary appliances for a laboratory. "He is," writes Dr. Agnew to the Premier, "so quiet and unassuming that you would not fancy there is much in him, but you will find he is just the man you want, both as to theory and practice."

VICTORIA.

IN opening an inquiry into the death of a man who died at the Melbourne Hospital, on the 4th February, from blood poisoning, the City Coroner, Dr. Youl, informed the jury that he intended to have a thorough investigation made into the sanitary condition of the hospital, and had directed the Inspector of the Central Board of Health to inspect and measure the wards, in order to be examined as to their size, space allotted to each patient, mode adopted for ingress and egress of air, &c. The inquest was then adjourned till February 13th, when Mr. Le Capelin, the Superintending Inspector of Health, and Drs. Miller, Allen, Beaney, and Jamieson gave evidence as to the overcrowding and unhealthy condition of the hospital. Dr. Youl summed up, and the jury returned a verdict that deceased died from blood-poisoning, contracted in the hospital after having been treated for a wound in the knee received in a drunken brawl from Susan Chitty in self defence. They were of opinion that the Melbourne Hospital, from the medical evidence before them, was in a very insanitary condition. The wards were overcrowded, and the general management unsatisfactory. At a subsequent meeting of the Hospital Committee the verdict of the coroner's jury condemning the institution as overcrowded was discussed, and a motion was passed unanimously that the number of beds should be gradually reduced as they became vacant, until each patient was allowed 1500 cubic feet of air.

THE number of persons vaccinated in Victoria for the first time last year was 27,245, an increase of 8,113 as compared with 1880, when the total was 19,132. These figures do not include re-vaccinations. The estimated total cost to the Government on account of vaccinations last year was £6000.

THE Central Board of Health have under consideration the propriety of suggesting to the Chief Secretary the advisability of sending a board of medical men to Sandhurst to report in reference to the condition of the pigs in that city, and more particularly as to whether it would be advisable, in the interests of public health, that those known to be diseased, should be destroyed.

DR. HENRY CARTER WIGG, of Carlton, has resigned the appointment of Honorary Medical Officer to the Melbourne Hospital for Sick Children, after ten years' service, owing to failing health. However, he has been appointed Consulting Physician to the Institution on his retirement from active duties.

THE Council of the Pharmaceutical Society of Victoria have appointed Mr. John Kruse, of Fitzroy, Director and Lecturer to the School of Pharmacy. The next session will commence on Monday, the 5th March.

DR. WM. WARREN, the Resident Surgeon of the Geelong Hospital, has sent in his resignation to the President, and desires to be relieved on the 10th March.

THE Committee of Management of the Echuca Hospital has called for tenders for the erection of the northern wing of the building.

At a meeting of the Melbourne Hospital Committee, held on Tuesday, February 21st, a motion was submitted proposing to call the attention of the Chief Secretary to Dr. Youl's remarks at a recent inquest to the effect that the building was saturated with erysipelas, and accusing Dr. Youl of making the statement on imperfect evidence. The motion also charges Dr. Youl with improperly influencing the jury, and asks the appointment of a scientific committee to inspect the building.

GLEANINGS FROM THE JOURNALS.

AN interesting case of alcoholic poisoning, in a boy aged four years, is related by Dr. Munser of Philadelphia. The patient took at least four ounces of spirit. In fifteen minutes he was stupid, and within the half-an-hour he was unconscious; in two hours he was cold and pale, with clammy perspiration; frequent and feeble pulse, and heavy breathing. After treatment reaction set in, and seven hours from the taking of the poison the patient's state is described as follows:—Skin hot, dry and red; extremities, warm; temperature, 102½ deg.; respiration, 44 deg., not stertorous; pulse, 140 deg., quick and small; completely unconscious; conjunctiva, insensible; pupils contracted and insensible to light; general anæsthesia. With difficulty emesis was procured, and a large quantity of pink-colored mucus, with fluid and food, was discharged. After vomiting, consciousness gradually returned, and the next day the patient had no symptoms beyond a foul tongue, no appetite, and an irritable temper.

This case supports the fact that liquors are less hurtful in early than later life.

M. SIRIDEY (*La France Médicale*) employs arsenic in the treatment of cholera with marked success. He begins with a small dose, in order to induce complete tolerance with the drug, and then increases the amount rapidly until nausea, vomiting and diarrhoea show themselves. The treatment is then suspended for a while, and then recommenced, but with longer intervals. A cure is generally obtained in four or five days; rarely a week is required. The dose of the medicine is gradually diminished.

MR. F. C. G. GRIFFIN treats compound fractures and opened joints, in a very satisfactory manner, with pads of lint soaked in the Pharmacopial Glycerini Acid Carbolic. It is important not to disturb the layers of lint immediately covering the wound until it is quite healed.

DR. M. H. HENRY (*Philadelphia Medical Times*) advocates the excision of the redundant scrotum for the relief and cure of varicocele. He uses a clamp, devised by himself, and scissors, for removing a portion of the scrotum. The clamp should be applied before any anæsthetic is administered, and while the patient is in the erect posture, this affords the best opportunity to decide the exact portion of scrotum to be removed. After removal, the edges of the wound are brought together carefully by fine sutures. Any bleeding requiring attention is controlled by an acupressure needle. A few strips of indiarubber adhesive plaster are fastened round the testicles, to insure perfect apposition of the cut edges, and prevent the sutures dragging. A broad band of the plaster is then passed round the most dependent part of the scrotum, and fastened to the pubes, in order to sling the testicles. The wound is then treated on general principles, and an union by first intention is generally the result.

For the treatment of epilepsy M. de Saule recommends that, for the first fortnight, the dose of Potas. Bromide should not exceed thirty grains daily. After that the dose may be increased by eight grains, so that at the end of three months a dose of from 60 to 120 grains are taken in the 24 hours. If, at the end of one year, the patient remained free from an attack the bromide was given every second day during the first fortnight of the month, and every day of the second fortnight, and so on. M. de Saule deprecates a progressive diminution of the dose as soon as a slight amelioration of the attacks is observed. To obviate the weakened memory, of which Bromide of Potassium is accused of being the cause, he orders two or three cups of strong coffee to be taken during the day as a preventive.

DR. J. M. DA COSTA (*Archives of Medicine*) has been experimenting with the salts of fluorine. The fluoride of potassium was the best form, and most used. He has given it in doses of two or three grains in a case of subacute rheumatism with considerable pain. The pain was greatly relieved, and no drowsiness produced. Gastric disturbance soon set in, however, and the drug had to be discontinued. In reviewing the experiments Dr. Da Costa says, the fluorides, especially that of potassium, in large doses, are prompt emetics without depressing. They seem to relieve pain without producing sleep, but cannot be long administered without producing gastric disturbance. A singular effect produced, more especially by the fluoride of iron, even in small doses, in anorexia. It is suggested that they should be tried in boulimia, or to counteract the craving for drink.

GOOD results have been obtained at the surgical clinic of Erlangen with dry dressings with powdered Salicylic acid. It appears to be more useful in excavated wounds, which are carefully cleansed with five per cent. solution of Carbolic Acid. The wound is then carefully plugged with Salicylic Acid, and a good layer of the acid is powdered round the wound, and the whole is protected by a piece of antiseptic gauze or Salicylated cotton. The wound thus treated secretes only a little serum, which coalesces with the dressing, so as to form an adherent crust.

BROMIDE of Potassium is recommended in five grain doses in orchitis and inflamed breasts. In orchitis a suspensory bandage should be worn.

DR. R. SHINGLETON remarks, that the persistent use of Codeia has a marked effect in diabetes. Codeia, although an alkaloid of Opium, can be given in large doses without producing soporific effect. He quotes Drs. Pavy and Cavafy, the former having administered 10 grains three times a day, and the latter 15, with good results. Branton states that the drug may be given in doses of a quarter to half a grain three times a day at first, and increased gradually until sugar disappears from the urine, or increasing drowsiness demands its discontinuance.

ASSOCIATION INTELLIGENCE.

VICTORIAN BRANCH: ORDINARY MONTHLY MEETING.

HALL OF THE ROYAL SOCIETY, Wednesday, Feb. 15, 1882.

Present: Mr. Gillbee, Dr. Carstairs, Dr. Talbot, Mr. Rudall, Dr. Hardy, Dr. Neil, Dr. Cutts, Dr. Hora, Mr. Barker, Dr. McCrea, Dr. McMillan, Dr. Browning, Dr. Jamieson, and Dr. Henry.

The President, Dr. Neild, in the chair.

The Hon. Secretary reported, that the Committee of the Medical Society of Victoria had expressed its readiness to meet the Council of the Branch, in conference, to consider the subjects of the inadequate remuneration of medical witnesses, and the draft of the Amended Medical Act.

The report of the directors of the Drysdale Mineral Spring was received.

Dr. Henry read a paper on "Two cases of Intestinal Obstruction," which will be found on page 79.

In the discussion which followed, Mr. Rudall inquired if there was not actual obstruction of the bowels? He regretted that the first case was so incomplete, because it did not follow that the abscess was the cause of the obstruction. In the second case, the cause was also obscure. He thought it was generally advisable to abstain from giving purgatives in such cases. The opium and belladonna treatment was preferable. In a paper recently read by Mr. Lawson-Tait the value of operative measures, in intestinal obstructions, was very clearly shown.

Dr. Cutts regarded the first case as one depending upon inflammatory action. The first case could not necessarily be explained in the absence of an autopsy. He related a case in which there had been constipation, tumour in the right iliac region, and nausea. He gave Calomel, and employed enemata of soap and Ol. Rieini with complete relief. The same patient, however, was some time afterwards seized with the same symptoms, after eating rather freely, and he died in five days. The cause of death was manifestly the lodging of fecal matter in the cœcum, and consequent inflammation and collapse. Other cases of a like kind had appeared to him to depend upon inflammation of the cœcum, with rupture and fecal extravasation. He thought there was an especially dangerous quality in inflammations of this portion of the alimentary canal.

Dr. McCrea then also read a paper "On Intestinal Obstruction." (See page 79).

Dr. Henry regretted that the first case of his had been so incomplete. The apparent diarrhoea was due to inflammation of the lower bowel. The vomiting, however, showed the true nature of the affection, which was then treated by means of opium and enemata. There was no doubt of there being mechanical obstruction; micturition was difficult also. There could be no reason to question the abscess being the efficient cause of the obstruction. Death resulted from pyæmia and collapse. He (Dr. H.) was reminded of a case in which a long section of the abdomen was performed in search of the obstruction, and in which cancer of the sigmoid flexure was found.

Dr. Hardy related a case in which there had been abscess behind the cœcum, the matter being discharged by canula.

Dr. Cutts was informed by Dr. McCrea that the quantity of warm fluid he had injected was a gallon.

Dr. Carstairs thought that the introduction of air would overcome functional obstruction better than water would. He had found a combination of opium and tartar-emetic of benefit. Surgical measures were, of course, a last resort.

Dr. McCrea had used the stomach-pump per anum with the best results.

Dr. McMillan related the case of a lady who was operated upon for obstinate constipation, and in whom, on autopsy, the sigmoid flexure was found to be narrowed to the calibre of a bristle. The contraction involved the whole tissue of the gut.

Dr. Talbot mentioned a case in which intestinal occlusion was caused by extra uterine foætation remains.

Dr. Cutts quite concurred in the general inutility of purgatives, Opium, Belladonna, and possibly tartar-emetic, might be employed, but if the obstruction depended solely upon fecal impaction, without inflammation, then purgatives might be given.

Dr. McCrea agreed that spasm might be treated by opium, belladonna and tartar-emetic, but in other cases the injection of air would be found useful. Operation should certainly be resorted to if relief were not obtained.

Dr. McMillan in one case, depending apparently on paralysis, had used galvanism with benefit.

Dr. James G. Carstairs, of Geelong, then read his paper on "Our Health Laws, with regard to the provisions for the arrest of Contagious Diseases in the Colony," as follows:—

"Public health and sanitation have made such rapid progress of late years, and now occupy so paramount a part of medical education in the old country, that if we are to keep pace with the times we must study these questions more attentively than we have hitherto done.

"Our health laws require revision every few years, as our knowledge of the causation, means of communication, and spreading of disease increases; and it is of prominent importance that the members of the medical profession should be well up in the state of the law, in order that they may be enabled to carry out its provisions, become acquainted with its deficiencies, and assist in suggesting those amendments which, from time to time, will be required.

"As I have found a want of acquaintance with these laws on the part of the profession generally, you will excuse me for making a few remarks on them before referring to the more immediate object of my paper.

"There are three Health Acts on our Statute Book, irrespective of the Compulsory Vaccination Act—The Acts, No. 264 of 1865, No. 310 of 1867, and No. 524 of 1876. Anyone who is practically acquainted with the wording and working of these Acts will agree with me that they require revision, amendment and consolidation. I have not been able to compare them all with those of the Home country, but I know that the sections on contagious diseases are but reprints of the English laws. In framing our laws our legislators seem to have lost sight of the differences in the circumstances of an old country and a young colony. You are well aware that the British public is very sensitive of any restrictions on personal liberty, and that legislation has to be content with a measure of reform far short of what is desired. Abuses have obtained the sanction of antiquity, and it takes time to overcome prejudice. But in a young colony like this abuses have not had time to become legalized by custom. There is not the overcrowding in dwelling-houses, and the working classes are better off, better fed, and better housed. In future legislation, therefore, the circumstances of colonial life should be kept prominently in view, especially as regards contagious diseases.

"I do not know what the experience of other Officers of Health is, but mine is, that the health laws are very much ignored by local authorities. One point among the many, is the appointment of Officers of Health (the advisers of local boards), which, by the Act, is compulsory on all cities, towns, and boroughs, yet is not always complied with; and too often the salary attached to the appointment is so paltry as to show that a nominal compliance with the Act is all that is aimed at. The Officer of Health is, in addition to his qualification as a medical man, required to be a good analytical chemist, to have a fair knowledge of engineering and architecture, to be well up in questions of ventilation, &c., for a salary of £5, £10 or £20 per annum. Until it is made worth his while by adequate remuneration it is not to be expected that a medical man, in active practice, can discharge faithfully the multifarious and onerous duties attached to the office; which means that the health laws cannot be carried out with any efficiency, for on him local boards depend for advice on all matters relating to health and sanitation.

"This brings me to the more immediate object of my paper—the provisions in our Health Acts for the arrest of contagious diseases."

"Speaking generally, the aim of our laws is the *prevention, as far as possible, or mitigation* of these diseases. Now, at a time of day when you hear so much about preventable disease, and the stamping out of epidemics, you will agree with me that the aim of legislation should be their *eradication*. Difficulties there will be, but if, by strict enforcement of the quarantine laws, smallpox is prevented from getting a footing in our colony, why should other contagious diseases, which have obtained a footing, not be prevented spreading by an equally strict administration of similar laws.

"The sections in our Health Acts relating to epidemic, endemic and contagious diseases are 58 and 59 of Act 264, 28 to 31 of Act 310, and 8 to 19 of Act 524. At the outset a great defect is apparent in these sections; there is no provision for the immediate detection of a case of contagious disease, unless in the case of the common lodginghouse-keeper, who, by section 59, Act 264, is required to give immediate notice to the local health authorities

on the occurrence of a case of the kind in his house. No one else is required to do so; private individuals try to hide the knowledge of the fact, and as things are it is not the business of the doctor to divulge it, consequently many cases of contagious disease occur in a district, and some prove fatal, before the health authorities arrive at the knowledge of the existence of the epidemic in their midst. Then follows a certain amount of activity, a correspondence between the Local and Central Boards of Health, and *if the law is in force*, (for strange to say it may not always be so); the provisions of the Act, and the instructions of the Central Board of Health are brought to bear upon the outbreak; but so far as I know, with a few exceptions, vigorous measures for the arrest of the disease have not hitherto been made in the colony. The epidemic burns itself out. The means of dealing with an outbreak of disease are detailed in sections 28 to 31 of Act 310: Section 28—'Upon the appearance of any epidemic, endemic or contagious disease, or any indications thereof, or of any peculiar circumstances or occurrences involving or affecting, or likely to involve or affect the sanitary condition of any city, town, borough, shire, district or place, the local board shall immediately report the same to the central board; and such report shall be accompanied by such remarks, evidence, or information as such local board may possess in regard to the disease, locality, or other facts that may have come to their knowledge, and may tend, or appear to tend towards the better or more full comprehension of the disease, indications, occurrences or circumstances so reported.'

"Section 29—'Upon the receipt of any such last mentioned report from any local board the Central Board of Health shall forthwith transmit the same to the Chief Secretary, accompanied by such information, remarks and suggestions as such Central Board deem fit or desirable under the circumstances to make.'

"Section 30—'The Governor in Council may make orders from time to time directing that the provisions hereinafter contained for the prevention of endemic, epidemic, and contagious diseases be put in force in Victoria, or in such parts thereof, or in such places therein as in such orders respectively may be expressed; and may in like manner, from time to time, revoke, alter, or vary any such order,' &c.

"Section 31—'From time to time, after the issuing of any such order, as in the former part of the last section mentioned, and whilst the same may continue in force, the Central Board of Health may issue such regulations as the said board shall think fit for the prevention, as far as possible, or mitigation of such epidemic, endemic, or contagious diseases, and from time to time, in like manner, revoke, renew, and alter any such regulations, or substitute such new regulations as to the said board may seem expedient.'

"Mr. President and gentlemen, you will, I think, agree with me that the powers above stated is sufficiently round about to satisfy the cravings of the most rabid red-tapist; but I reserve further comment at present, and pass on to the Act 524, sections 8 to 19, which include the directions for the 'Prevention of Infection.' By section 8 local boards may make a house to house visitation, to ascertain if any cases of contagious disease exists in the district. By section 9, may destroy any bedding or clothing that has been exposed to infection, and compensate the owner thereof. By section 10, provide chambers with all necessary appliances and attendance for disinfecting any infected articles, free of cost. By section 11, may provide suitable carriages for the conveyance of the sick to hospitals or elsewhere. By section 12, the sick may, by order of a justice of the peace, or the certificate of a duly qualified medical practitioner, with the consent of the governing body of the hospital, be removed to such hospital at the expense of the local board. By section 13, local boards may make regulations (to be approved of by the Central Board) for removing patients to hospital. Section 14 I must quote at length; it is ostensibly for preventing infected persons from appearing in any public place, but really sanctions it.

"Section 14.—'Any person who—(1.) 'While suffering from any dangerous, infectious disorder wilfully exposes himself without proper precautions against spreading the said disorder in any street, public place, shop, inn, place of common resort, or public conveyance, ship or vessel, without previously notifying to the owner, conductor, guard, driver, or master thereof, that he is so suffering;' or (2.) 'Being in charge of any person so suffering so exposes such sufferer, or permits such sufferer to be so exposed;' or (3.) 'Gives, lends, sells, transmits, or exposes, without previous disinfection, any bedding, clothing, rags, or other thing which have been exposed to infection from any such disorder, shall be liable to a penalty not exceeding five pounds, and a person who, while

'suffering from any such disorder, enters any railway carriage or public conveyance, without previously notifying to the owner, guard, or driver that he is so suffering shall, in addition, be ordered by the Court to pay such owner or driver the amount of any loss and expense he may incur in carrying into effect the provisions of this Act, with respect to disinfection of the conveyance.'

"Section 15 directs the disinfection of vehicles which conveyed infected persons under penalty. Sections 16 and 17 direct disinfection of houses let for hire, certified by a medical practitioner, under a penalty of twenty pounds, &c.

"Section 18 permits the erection by local boards of temporary hospitals; and section 19 grants permission to the board to recover costs from patients who have been inmates of such hospitals.

"Mr. President and gentlemen, I have thus endeavoured to bring before you the provisions of the law, as it exists at present, for the arrest of contagious diseases in the colony, and you must admit that it requires considerable amendment if the getting rid of such disease is the aim, as it ought to be, of our legislators. The want of a provision by which the first case of contagious disease occurring in a district may be detected is glaring, and should be remedied. The loss of valuable time in dealing with an epidemic (as detailed in sections 28 to 31 of the Act 310) entailed by a correspondence between the local and central boards and the Chief Secretary must strike you at once as being altogether too great; while the fact that the law can only be in force by an Order-in-Council is an anomaly that ought not to exist. These orders and regulations of the Central Board dependent on them are revokable any day. The present order is of date 29th October, 1875.

"With regard to the sections of the Act 524, for the prevention of infection, I submit that the house to house visitation required to be made by the Officers of Health and Inspector of Nuisances is impracticable; while the permission to destroy bedding and clothing, to erect disinfecting chambers, to provide ambulances, to erect hospitals, &c., being optional, is valueless.

"The permission given by section 14 to infected persons to appear in public places is culpable, and should at once be erased from our Statute Book; and sections 16 and 17, which protect the public from the house-letter, should be extended by clauses protecting the latter from the public. In conclusion, I would point out that the powers vested in the Central Board of Health are too great, and the responsibility imposed upon it too weighty. It is largely endowed with legislative functions; it is a nominee board, and its members are removable at pleasure. Its regulations have the power of law, so long as the Order-in-Council exists, which brought them into being, and as these include all the most important and debatable questions on the suppression of disease, you will agree that the onerous nature of these questions is too great to be imposed on such a body, and that its functions should be as purely executive as possible.

"Mr. President and gentlemen, the remedies I would suggest for your careful consideration are the following:—

"1st. That the law against epidemic, endemic and contagious disease be always in force.

"2nd. That parents, guardians, and householders be required to notify to the local health authority immediately the existence of any of these diseases in their household.

"3rd. That medical practitioners be required to give similar notifications when called to visit a patient so suffering.

"4th. That headmasters of State schools also be required to notify the health authorities.

"5th. That isolation be compulsory, and that the period of such isolation, and all other necessary precautions, as determined by the best medical authorities, be clearly stated in the Act.

"6th. That local boards have the power to bring the provisions of the Act into operation at once on the appearance of a case of contagious disease in their districts.

"7th. That the erection of disinfecting chambers, and the providing of ambulances, &c., be obligatory in all centres of population.

"8th. That any person while suffering from any contagious disease, or in charge of any one so suffering, wilfully exposes himself, or permits such sufferer to be so exposed in any public place, vehicle, or vessel be liable to a penalty not exceeding £50.

"9th. That any person convalescent from any dangerous, infectious disorder wishing to remove to another locality, must obtain the certificate of a duly qualified medical practitioner that all risk of

communicating the infection to others is past. A like certificate to be obtained by any one in charge of a convalescent who wishes to remove such convalescent to another locality.

"10th. That the parties above mentioned be required to produce such certificate to the owner of a house they wish to hire, or his agent, if requested so to do.

"11th. That the salaries of Officers of Health be in proportion to the duties required of them; part of the amount to be paid by the State."

In reply to the discussion that followed the reading of the above paper the author said: That from the remarks that had fallen from some of the members present he was convinced that the non-acquaintance with the health laws, which he had observed elsewhere, was pretty general among the profession, and though Acts of Parliament were dry reading at the best, he urged the study of them by the members of this Society, who had already done good service in other public questions. It was not to be expected that they would at once endorse all the suggestions he had offered, but he was certain that they would see the necessity of some reform, and that a study of the whole question would result in the removal of some of the objections advanced. About the system of notification of disease, he was glad to find that it is taking fast hold of the profession at Home, and already existed in some of the leading towns. In the city of Aberdeen, where notification by medical men had been in force some time, Dr. Beveridge, the Officer of Health, reports that since its introduction the mortality from zymotic diseases had decreased one-half. I have to refer you to the number of the *British Medical Journal* for 24th September, of last year, for a report of a discussion held at the annual meeting of the Association, at Ryde, where you will find the answers to all the objections you have advanced. As it is too late to continue further discussion to-night I commend the consideration of the questions involved to your Council.

Mr. Gillbee could confirm what the author had stated relative to the roundabout course adopted in carrying out the provisions of the Health Act. He could hardly approve, however, of the heavy penalties suggested by Dr. Carstairs. They would never be imposed. It was certainly desirable that cases of infectious disease should be reported, but there were practical difficulties in the way of doing this, owing to the reluctance of medical men to make mention of their patients' private affairs. In any case, such communications ought to be regarded as confidential. The public were quite indifferent as to their neighbours' welfare; besides, many cases of infectious disease were not seen in their inception. The State, moreover, ought to be called upon to defray the cost of medical attendance in certain cases. As to the instructions and regulations of the Board, all these were much too elaborate. They required to be more epitomized.

Dr. Cutts could not see any good reason for distinguishing between the legislative and executive functions of the Board. He thought much responsibility rested upon the parents of children who were attacked. In a general way they had evaded their responsibility, and, therefore, it became necessary for the medical attendant to report the cases. With respect to the truant inspectors they could not always verify their information. He also disagreed with the proposition to impose heavy penalties. Stress ought to be laid upon the proposition, that as contagious diseases did not arise *de novo* their extinction was only a question of isolation.

Dr. Jamieson believed that an amended Health Act was in draft, and as soon as this was printed it would be well for the Association to take some action in discussing it.

Dr. Carstairs, in reply, pointed out that there was a provision in the Health Act for paying for medical advice where the patients' means did not enable them to do so. He urged the imposition of high penalties as the only mode of enforcing the provisions of the Act.

After some conversation it was resolved, "That the further consideration of Dr. Carstairs' suggestions be remitted to the Council of the Branch, with a view to a report being prepared for presentation to Government, with a request that the suggestions therein be embodied in the amended Act."

The following exhibits, forwarded by Mr. Francis, pharmaceutical chemist, of Bourke street east, for inspection, were laid upon the table:—Improved stethoscopes, with conveniently adjusting end pieces; Hogan's knife-and-fork in one, for one-armed persons; a new pocket medical midwifery case; Godman and Shurtlett's new steam atomiser.

OUR MELBOURNE LETTER.

MELBOURNE, Feb. 26.

The dispute between the city coroner and the committee of the Melbourne Hospital is being argued out with animation, if not with acrimony. Almost as a matter of course the public take the side of the coroner, inasmuch as he has taken the popular side. He has asserted that, owing to the neglect of proper precautions, the erysipelas contagium hangs like a curtain upon the walls of this charity, and becomes a shroud to those patients who ought to pass out of its portals cured instead of slain. The committee, on the other hand, say that their hospital is as healthy as any other hospital in the world, and that its rate of mortality will bear favourable comparison with that of other charities. And so the committee are collecting evidence in favour of their own proposition. Everybody, likely and unlikely, is being called to testify to this end. Meantime, however, Mr. Gibbs, a solicitor of some note, who for many years has taken an active part as a member of the committee, has given notice of an intention to memorialize the Government as against what he sets forth to be the irregular proceeding of the coroner, in having made statements to the jury in the inquest on the man Grimes, which statements were not warranted by the evidence taken. And no doubt, looked at from a strictly judicial point of view, a good deal of what was said, both in the way of interjectional comments upon the evidence as it proceeded, and afterwards during the summing up, was extra-judicial. It would have been easy for Dr. Youl to have supported his observations by sworn testimony, but he has always avoided, if possible, needless formalities in the mode of conducting the business of his court, and has a habit—very convenient sometimes—of going straight to his object. On a question of law, relative to the criminality of an accused person who inflicts an injury, which becomes fatal only by reason of circumstances not within his control, he is, however, in error, as very eminent authorities go to show. No doubt the disposing cause of the death of Grimes was the erysipelas, which attacked the wound inflicted by the prisoner, but the occurrence of the erysipelas by no means exculpated her. And then, to have been quite logical, Dr. Youl ought to have directed the jury to return a verdict of manslaughter against the medical attendants, or even against the whole committee. Whatever the outcome of the investigation the discussion will do good, for it will make clear the duty of the directors of our hospitals to provide, to the extent of their power, all the appliances necessary to lessen the risks of surgical treatment. The other question, of the removal of the hospital altogether, will also come up: It would be better, of course, if the Melbourne Hospital did not stand so nearly in the centre of the city, but the expense involved in its removal, and the difficulty of finding another site at once healthy and convenient, necessarily cause one to hesitate before deciding upon a course of procedure so sweeping as the pulling down of a building, upon which so much money has been spent, and which is so easy of access.

Incidentally there has arisen again, out of this hospital business, the subject of the dissemination of puerperal fever, by means of the infective germs carried out of the institution by those surgeons who attend midwifery. It has been denied, indeed by one of the staff, that this can happen, as the honoraries, he says, do not attend midwifery. But this denial appears hardly to be justified by circumstances. Indeed, as a matter of fact, it is said that one only of the honorary staff does not engage in obstetrics. And this incidental discussion has given rise to another, not in the minds of a good many unconnected with the subject of puerperal fever, namely, as to whether it may not be traceable to the septic poison carried by those who have been engaged in making autopsies. Some years ago it was proposed to confide to a specially-appointed officer the duty of making post mortem examinations for medico-legal purposes, but the proposition was violently opposed by a certain section of the profession, among whom were several who were known to be largely engaged in obstetric work. It seems only fair, therefore, in the endeavour to deal out justice equally, to bear in mind that the septicaemia, which has occasionally followed upon parturition, may have had its origin in the poison brought by the hands of the autopsist; and it seems only right to consider whether it should not be made compulsory, on the part of the obstetricians, not to perform autopsies.

The variola excitement is nearly over, and Dr. Bulmer, at the Quarantine Station, will shortly be left to the loneliness of his normal position. And in respect of this gentleman, he has no

doubt acquired some valuable experience which, in any future importation of smallpox, will be of value to him, and perhaps to the colony. As a matter of course, we hope there will be no occasion to put his experience to the test; but it is negatively satisfactory to know that circumstances have enabled us to educate a man for the function of dealing with prospective outbreaks. The record of variola would not have been complete if it had not included a final sensational scare in Carlton two or three days ago. A woman, who had been employed as a laundress at the Quarantine Station, discovering some pimples upon her face gave out that she was attacked with smallpox; and after causing the house where she lived to be isolated and guarded by the police she fled back to Dr. Bulmer, and desired him to receive her into the hospital. But he would have none of her, and now she is said to be mourning the mistake she made in diagnosis. Meantime the circumstance has caused a revived activity in calf vaccination, and Dr. Barker and his assistants, at the Royal Park, are reported to be actively employed.

It will be seen by the report of the last meeting of the Victorian Branch that Dr. Carstairs, of Geelong, read a paper, the object of which was to draw attention to the defects of the Public Health Act. And he has therein done good service, for there is possibly no statute which is so irritatingly incomplete as this, not only regarded from the point of view which takes in the interests and convenience of the profession, but as regards the interests of the whole community. And in respect of our own particular interests, it will be seen also, that a movement is afoot to make representations to the Government, with the view of augmenting the payment for medical services. These payments are inadequate in amount, and often grudging in the mode of their bestowal. It has been urged that it is useless to agitate for any improvement, but it is insisted on the other hand, that a good deal is often lost for want of asking for. And immediately in connexion with the proposed application, it is satisfactory to be able to announce that it will be made conjointly with the Medical Society, a co-operative procedure, which is both encouraging and suggestive.

The foundation-stone of a new public dispensary, in Richmond, was laid on Tuesday last. And it is curious to remark that, notwithstanding the strong reasons which have been shown for the establishment of local institutions of this kind, Richmond is the only one of the suburban districts where the project has been carried out. But then it is not every municipality which has a Dr. Graham in its midst.

OBITUARY.

Dr. John Wilson Alston died at Sandringham, Botany Bay, on the 23rd February, 1882, at the early age of 35. A native of Sydney, his loss is deeply felt by a wide circle of friends.

Dr. Alston had abilities of a very high order. At school he carried off all the prizes it was possible to win, leaving the Sydney Grammar School as "captain." After a distinguished course he matriculated at the Sydney University in 1866, winning fresh honour by taking one of the University scholarships. In 1868, at the beginning of his third year, he won all the three scholarships. Graduating with first-class honours in mathematics he left for Edinburgh to study medicine, carrying with him the Gilchrist scholarship. This scholarship he was unfortunately obliged to resign the next year in consequence of bad health. He was a zealous student of medicine, and his course in Edinburgh was a repetition of his Sydney University career, as he graduated in 1873 with first-class honours, winning the Ettles scholarship as the best man of the year. Carrying out the high promise of his youth Dr. Alston was from the beginning unusually successful in practice. With great skill in diagnosis and treatment, he possessed an engaging manner, which endeared him greatly to his patients. Until the failing health of the last few months compelled him somewhat to relax, he worked very hard in the pursuit of his profession, and succeeded in obtaining one of the largest practices in Sydney. He was no mere routine practitioner, and devoted a considerable amount of time to the study of therapeutics, especially the therapeutics of new remedies. The profession in Sydney has sustained, by the death of Dr. Alston, a severe loss, and many of its members have lost a sincere friend. Dr. Alston's health had been gradually failing for many months past, the cause of death being Bright's disease.

MEDICAL APPOINTMENTS.

Bassett, William Frederick Prichard, M.B. et Ch. M. Edin., M.R.C.S.E., of Lithgow, to be Government Medical Officer and Vaccinator for the district of Hartley, N.S.W., vice Dr. T. Hastie, deceased.

Cuppaldge, John Loftus, M.B. et Ch. B. Dub., appointed Medical Officer to the Hospital at St. George, Queensland, at a salary of £50 per annum.

Flood, John Wellesley, M.B. Dub., L.R.C.S. Irel., of Yorketown, S.A., to be Surgeon in R.V.F. of South Australia.

Harvey, Henry Frederick, M.R.C.S.E., L.S.A. Lond., of Auburn, S.A., to be Surgeon in the S.A. Rifle Volunteer Force.

Lewis, Thomas Hope, M.R.C.S.E., L.S.A. Lond., of Ohinemutu (Auckland), N.Z., to be Resident Medical Officer for the Thermal-Springs district.

Mitchell, J.T., M.D., appointed Health Officer for Port Adelaide, S.A.

Moffitt, John Ernest James, I. K.Q.C.P. et R.C.S. Irel., late of Sydney, appointed Surgeon on board the Pacific R.M.S.S. "Zealandia."

Morison, Bentham Paynter, M.R.C.S.E., L.R.C.P. Ed., L.S.A. Lond., L. Med. Dub., to be Public Vaccinator for Glenelg, S.A.

Naylor, Henry George Horace, L.R.C.P. et R.C.S. Edin., elected Hon. Medical Officer, Campbell Town Hospital, Tasmania.

Ryan, Timothy Bernard, M.B. Melb., to be Public Vaccinator for Wood's Point, Vic., vice Dr. Jas. Campbell resigned.

Thompson, Charles Emilius, M.D., to be Public Vaccinator for Hindmarsh, S.A.

Toll, John Tresilian, L.R.C.P. Edin., M.R.C.S.E., to be Deputy Health Officer at Port Adelaide, S.A.

Wrigley, Frederick Hamilton, L.R.C.S. Ed., L.A.H. Dub., of Glebe, to be an Additional Vaccinator for the city of Sydney and its suburbs.

CORRESPONDENCE.

ANIMAL VACCINE.

THE EDITOR AUSTRALASIAN MEDICAL GAZETTE.

SIR,—I enclose tubes and ivory points of fresh calf lymph, which I have propagated here. The lymph was imported from Brussels by the N.Z. Government.

With reference to the statement in your issue of January 2nd, I regret to say that the lymph taken from the cow supposed to have the cowpox, failed to "take" on the calf. I, therefore, cannot claim to have found a case of indigenous cowpox at present to any satisfactory purpose. I am, Sir, your obedient servant,

W. E. HACON, Medical Director of the State Animal Vaccinal Institute. Sunnyside Aylum, Christchurch, N.Z., Jan. 24, 1882.

N.B.—Pure calf lymph supplied free to medical men in N.Z.; 1s. for a tube or point to medical men out of the Colony. The points are made by Mr. Pozzi, of Christchurch. The points are sharp; they can, therefore, be used *direct* to vaccinate; no lancet is required. They do not absorb the lymph like bone does.—W.E.H.

MR. THURLOW'S INQUEST AND DR. POWER.

THE EDITOR AUSTRALASIAN MEDICAL GAZETTE.

SIR,—A rather curious instance of one-sided justice was a censure passed on me by the jury in the above case.

Though the inquest was adjourned for some days, giving ample time for my being subpoenaed, it was not considered necessary to hear any explanation from me. Evidently none was wanted.

Surely some amongst the jury must be aware that there are special cases from which a medical man cannot rush away at any moment. Over such a case was I engaged at the time in question, so that four or five minutes would elapse before I could possibly attend to any case, however emergent.

Now, considering that the Infirmary, with its full stock of appliances, antidotes, emetics, &c., is only three and a-half minutes' walk from my residence I am sure you will fail to see that there is any "inhumanity" attributable to my action in the matter. I am, Sir, yours, &c.,

Sydney, Feb. 26, 1882.

J. J. POWER, M.B., M.Ch., &c.

TWO FATAL CASES OF POISONING BY IODOFORM.—Henry (Cbl. f. Chir.; from *Deutsche Med. Wochens.*, 1881, No. 34) gives an account of two cases occurring in the Breslau clinic, where iodoform has been largely and successfully used of late in the treatment of caries. The history of these cases showed well-marked cerebral symptoms, including intermittent drowsiness, finally ending in coma. In connection with these symptoms the patients suffered with paralysis of the sphincters, aphonic disturbance of speech, contraction of the muscles of the neck, and scaphoid abdomen, together with great frequency of pulse from the beginning. The temperature was normal. The acuity of the attack differed greatly in the two cases. In the first case death occurred on the second day, while in the second the patient continued in good condition for nine days during the use of the iodoform (externally); then headache and somnolence occurred for two days, death taking place on the sixteenth day. Fatty degeneration of the heart, with cloudiness of the liver and kidney, were shown post mortem.

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SYDNEY.

INTERCOLONIAL

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L. BRUCK, Manager.

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Medical Practices for Sale.

34. **Queensland.**—An old-established Practice in a railway township, 150 miles from Brisbane, in an extensive squatting district, with a cool climate. Annual income about £1000. Appointments—Hospital visits, £150; one club, £148; Government appointment, £40; and about £42 for fees for examining lunatics, P.M. examinations, &c. Midwifery fees in town £5 5s.; ordinary fees, 7s. 6d. and 10s. 6d. Only one other practitioner within 50 miles. Price, £230, £130 of which in cash, balance by bills.
37. **New South Wales.**—An unopposed, easily-worked Country Practice, in a mining and farming district about 150 miles west of Sydney, with a population of 5,000. This Practice is established 7 years, and worth £700 per annum including the following appointments:—Hospital, Lodges, Government Medical Officership, altogether bringing in over £200 a year; and Vaccination Fees amounted to £70 during the last quarter. A Cottage of 5 rooms and 1½ acres land be rented at 10s. a week; premium, £150 cash. Purchaser to take over the furniture, drags, buggy, horse, &c. at a valuation. The practice cash, if required, be purchased by quarterly instalments.
44. **Queensland.**—First-class Practice in Brisbane. Premium £500; one half down. No gentleman can be negotiated with unless his bona fide intentions are indisputable.
46. **New Zealand.**—In an important seaport on the West Coast of the Middle Island, a good-class Practice, worth £750 per annum, including the following appointments—Lodges, bringing in between £250 and £300; Public Vaccinatorship, £20; Medical Referee to three Life Assurance Companies, worth £60. About sixty cases of midwifery a year, fees from £4 to £5. Reason for leaving, want to live in a warmer climate. Premium, £200.
48. **Queensland.**—In a rapidly growing new post town in the interior of North Queensland, a Practice worth £1000 per annum. No opposition within 130 miles. Fees at home and in township, 15s. and 21s. Midwifery fee £10 10s. A hospital will be built in six months. Premium £220. Reason for leaving, wish to reside on the coast.
49. **Sydney.**—In a very fast extending suburb, the favourite place of residence for the well-to-do citizens, within easy communication of Sydney, a first-class Practice, income upwards of £1000, which can easily be increased to £1500. Forty midwifery cases a year. No clubs. Little opposition. Excellent house, in splendid position, rent £100. Reason for leaving, desire to visit the old country. Premium—£200, half cash.
52. **New Zealand.**—Physician's practice in a hospital and railway township (South Canterbury), of 1500 inhabitants: population of district, 5000. One other M.D. in township, no other practitioner within 30 miles. Income £620, with great scope for increase. Fees, 7s. 6d.; mileage, 5s.; about 50 midwifery cases a year from £2 2s. to £10 10s. A good house of 6 rooms, outhouses and paddock of 1½ acres can be rented at 21s. a week, or purchased for £600, £450 of which can remain on mortgage. Premium, £75 cash.
54. **New South Wales.**—In the best part of the Riverina district, both pastoral and agricultural. Income, £950, including a bonus of £300; Cottage Hospital, £100; and one club £40 guaranteed to be transferable. No opposition within 60 miles. Convenient house, rent, £40. Premium, £300.
56. **Sydney.**—In a favourite watering place, within easy communication of Sydney, an unopposed, easily worked practice, worth £400 a year including £30 from one club; fees, at home 5s.; in township 0s.; midwifery fees 3 and 5 guineas. No working expenses. Premium, £60 cash.
57. **Melbourne.**—In one of the most populous suburbs, 15 minutes' walk from General Post Office, an old established practice, bringing in over £1000 per annum, including £600 from clubs and vaccinations. Midwifery fees £2 and £3. Excellent house, rent £160. Introduction 3 months. Reason for selling, desirous of retiring. Premium, £800, terms.
62. **New South Wales.**—In an important seaport town, within easy distance of Sydney, a Private Practice; worth from £500 to £600 a year. One other practitioner in township. Premium, £90 cash.
64. **New South Wales.**—In a mining town, near the Queensland border, an unopposed Practice; worth £800 a year. Fees at home and in town 10s.; mileage, 10s.; midwifery fees, £5 5s. £650 is asked for practice and property, consisting of snug, new house—all cedar—of 7 rooms, bath-room, kitchen, stable, underground tank, &c.; with one acre of ground fenced in; in a splendid position. Population of town with vicinity is 2000.
66. **Victoria.**—In a pastoral, agricultural, and mining district, on the river Murray, an unopposed Practice established fourteen years, worth £600 per ann., including £150 from Government appointments. Price for practice, furniture, dispensary fittings, and stock, £250, £100 of which in cash, balance by bills at six and twelve months.
67. **New South Wales.**—In an important railway township, the centre of a large pastoral and agricultural district, a first-class general practice, established six years, yielding £1400 per annum. Two other practitioners in the district. Premium, £500.
68. **Sydney.**—A first-class city Practice, with appointments worth £624 a year. Capital house, in excellent position, can be secured by successor; rent £150. Price for goodwill of practice and furniture (which is worth £200) only £450, £300 of which in cash.

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CASE OF TROPICAL ABSCESS OF LIVER.

By CRAIG DIXSON, M.D., Syd.; M.B. et C.M. Ed.; M.R.C.S.E.

Hon. Physician to the Sydney Hospital, and Hon. Consulting Medical Officer to the Randwick Asylum for Children.

John Mahoney, aged thirty-five years, a miner, was born in Switzerland, and has for a short time past resided in New South Wales. Eight months ago he lived at Sandhurst, Victoria, and had resided in Victoria for about seventeen years, and before this he lived in his native land. During his sojourn in Sandhurst he had to drink water so bad that it was requisite to boil it before using. He had not during his life resided in any tropical climate, in fact has never been in any other country than those already named. Was admitted into the Sydney Infirmary (Hospital) on the 3rd of May, 1881, complaining of pain in the right hypochondrium and shoulder, accompanied with nausea. He had been always a healthy man, having been free from any illness or accident, with the exception of a slight burn on the neck received when he was eight years old. About six weeks before admission he had diarrhoea, but this was not accompanied by bloody discharge or tenesmus, nor had he any pain worth speaking about. Three weeks after he commenced to be troubled with pain on both sides of the abdomen, which was sometimes of a sharp darting character, and at other times of the character of a dull ache. He continued to be thus troubled until his admission into the hospital. He also said, upon being asked, that he had had some slight shivering and sweating before his admission, but rigors were not detected after, and he said himself that there were none, and diaphoresis was only noticed to a very slight extent. We ascertained that he had never suffered from dysentery nor had he had hæmorrhoids. He had never noticed any swelling about the epigastrium or hypochondrium previous to his attention having been drawn to a slight fulness observable in these regions soon after admission. On admission we found the patient to be slightly undersized, well nourished, but a little sallow, with conjunctiva tinged slightly yellow and looking evidently ill. He was tender, and had pain in the region of the right hypochondrium and epigastrium, with slight fulness in these regions, and the percussion dullness of the liver was found to be somewhat increased. There was nothing abnormal to be noticed at this time about the rest of the abdomen, it being resonant, not over distended nor tender. The tongue was furred, he had anorexia and was thirsty, nausea was present, but no vomiting. Splenic dullness was not greatly increased. The pulse was increased in frequency, but full and fairly strong. The lungs were normal, but respiration was increased; the skin was dry. The symptoms pointing to, and the diagnosis made of active congestion of the liver, he was put first upon nitric acid, with diaphoretics and hot stupes with turpentine and other counter-irritants. The swelling in the hypochondrium and epigastrium became however rapidly more prominent, and the tenderness increased, and the area of hepatic dullness increased, until it was as high as the nipple in front, and almost into the axilla at the side. Vertically it extended to the upper margin of the inguinal region, and transversely almost to the umbilicus, and included most of the epigastrium. There was also now to be detected abdominal friction (17th May), this being audible over the most prominent part of the dullness, but no fluctuation was apparent. Taking the symptoms presented into consideration, together with the very marked remittent, almost intermittent, temperature, I diagnosed hepatic abscess. Moreover, in face of the fact of his not having received any injury, nor having had dysentery, nor having resided in a tropical climate, I believed we had to deal with a case of so-called "tropical abscess," and acting accordingly. I determined the next day to make an exploratory puncture with Dieulafoy's aspirator to confirm or negative this opinion. Next day on examination no friction was audible over the most prominent part of the dull area in the abdomen where it was very distinct the day before; I therefore concluded that adhesions had formed here between the liver and the anterior abdominal wall. I found friction was now audible and could even be felt upon palpation to the left edge of this area, which was to the left of the linea alba above the umbilicus. Having satisfied myself where the maximum intensity of dullness was, I, in the presence of my colleague, Dr. O'Reilly, and two of the house physicians, made the puncture a little above and about one and a-half inches to the right of the umbilicus, with a medium sized trocar. I entered about three inches, but as no pus flowed I put it in one inch more, but still no pus came and I almost felt inclined to withdraw the trocar, but I was tempted to try still a little deeper and upon pushing it in half-

an-inch more, on withdrawing the piston of the aspirator we got through the trocar about two drachms of blood-stained pus, but as the trocar, which was not large enough for thick pus, became choked I had to withdraw it, determining as soon as possible to insert a full sized one. Unfortunately in this I was disappointed, for next day I found that the peritonitis, which was present before the puncture, had increased in severity and had evidently become general, for there was tympanites of the abdomen well marked, accompanied by tenderness, but owing to his being in a typhoid condition this was not so marked as usual, and the temperature was practically the same as the day previous. Under the circumstances I, although reluctantly, decided to delay the tapping, and put him on $\frac{3}{4}$ -grain doses of extract of opium every two hours, with hot poultices of linseed sprinkled with liniment of belladonna to be applied externally. Some stimulants were also ordered, and under this treatment his condition improved for a short time, but he relapsed and died on the 21st, at 4.30 p.m. The morning and evening temperatures during the last three days of life fell a little below the nominal line, which, taking his other symptoms into consideration as well, portended ominously.

A post-mortem examination of the body was made forty-two hours after death, at which Dr. O'Reilly was also present. The abdomen was much swollen and distended, also slightly discoloured from post-mortem changes. Upon opening the abdomen along the median raphe a quantity of serum escaped from the lower part of the incision above the pubes; this was not measured, but taking all together there might have been about one and a-half to two quarts of this in the peritoneal sac. On the viscera being exposed the liver was found to be greatly enlarged, and projected down below the ribs for some distance, but not so much as during life, which was only to be expected. Lymph effusion covered all its surfaces, but it was particularly marked on all its anterior and posterior surfaces. The viscus had contracted, adhesions to the anterior wall of the abdomen at the part where friction had been first audible, and within this area our puncture mark was to be seen, and a small amount of blood had been extravasated around it, between the liver and the abdominal wall. The whole of the anterior surfaces of the intestines and omentum were roughened by effused lymph, but none of the folds had yet become glued either to each other or to the abdominal wall. On the posterior and upper part of the left lobe of the liver there was a very dense patch of this effusion, and it appeared as if the substance of the liver was here softening, and that the abscess was pointing here, and upon endeavouring to lift the viscus from its bed we found that we were compelled to use a little force owing to adhesions which it had contracted to surrounding parts. Unfortunately while we were thus endeavouring to lift the organ out it suddenly burst at the lower part of the before-mentioned patch, and a rent formed about two and a half inches long, which gave exit to about eight or ten ounces of creamy pus. Upon getting the liver out we ascertained that there was a large abscess cavity in the organ, which involved the posterior and upper part of the left lobe, and also about one-third of the cavity involved the neighbouring part of the right lobe. The whole cavity when fully distended with pus would be about the size of an ordinary cocoa-nut without its outer fibrous coat, and this cavity had been filled with creamy pus. No gallstones were to be detected. The gallbladder was of normal size and contained very dark bile, but no gallstones. On cutting through the liver and making sections in various directions, no cysts of any description nor other abscesses were to be seen. The viscus weighed without the pus, four pounds eight ounces. The heart, lungs, kidneys, and spleen were also examined, but nothing was discovered that would be worthy of comment.

Comments.—Most medical men who have been in practice for any length of time in temperate climates would, no doubt, if asked the question—Have you met with any cases of hepatic abscess in your practice? be able to say, Yes; but if asked—Have you ever met with any true case of tropical hepatic abscess in a patient who has never been in any other than a temperate climate, and who has never met with an accident sufficient to account for such? I think I can pretty safely say that a negative answer would require to be given. It is by no means uncommon to meet with cases of hydatid cysts which have become inflamed and then suppurated, and thus an abscess forming in the liver; also, occasionally cases come before us of suppurating gallbladders, but a true abscess forming in the substance of the liver, independent of either cysts or gallbladder, and under the conditions met with in our patient, must be, I think, a very rare occurrence. I regard the case before us as being interesting therefore.

Firstly:—Because of its rarity in temperate climates, except when

met with in those who have previously resided in tropical climates. (See *Murchison on the Liver*, second edition, p. 180, where he says, "Abscesses of the liver answering to this description are almost unknown in this climate (British), or in temperate climates generally, except in persons who have sustained some local injury of the liver, or who have at one time resided in the tropics." See also p. 185, as also in *Reynold's System of Medicine*, 3rd edition, vol. III, p. 321).

Secondly:—We have in the patient before us been unable to get any history of dysentery, accident or illness, with the exception of the diarrhoea six weeks before.

Thirdly:—We got no history, nor had he the appearance of marked intemperance, neither were we able to ascertain that he had got any sudden chill or cold.

In this case we have in fact a marked absence of all the usually ascribed causes of the disorder. From the nature of his calling, it was not at all likely that he was able to indulge in high feeding, so that we have to discard this as a likely factor in the case. There may possibly have been, however, some connection between the diarrhoea that he had been troubled with and the abscess. There may have been some absorption from some ulcerated surface in the intestinal canal, such as undoubtedly takes place in certain cases of dysentery, but had this been the cause we should have expected to find more than one abscess as is seen in those cases where dysentery has indubitably given rise to hepatic abscesses, which have in such cases been found to be embolic and multiple, I therefore think the idea of absorption somewhat untenable. It may have been the result of some intense localized inflammation of the bile ducts or blood vessels which, starting thus, terminated in suppuration, but there must have been some reason for such to have taken place, as no gall stones or foreign bodies were discovered either in the abscess cavity or elsewhere through the liver. In reference to the diagnosis of the complaint, it will be noticed that most of the symptoms which clearly point to hepatic abscess were absent. In reviewing the case we find one very noticeable thing, namely, the marked remission of temperature which might make one suspicious and watchful for such a thing, and this remission was present from his admission into hospital. This in itself did not warrant a diagnosis of suppuration, and when taken with his other symptoms on admission, namely, pain and tenderness in the hypochondrium and epigastrium, slight tinge of jaundice, hepatic dullness slightly increased, thirst, anorexia, and nausea, with confined bowels, but neither rigors, vomiting, nor sweating present, only, I think, warranted a diagnosis of hepatitis (or active congestion). Besides the absence of the above marked symptoms there was no fluctuation, which could hardly be expected owing to the depth from the surface, neither was there marked emaciation. Sweating was remarked during the last day of life only. I therefore had to form my diagnosis in face of the absence of the usually well marked symptoms above mentioned, and my opinion was formed for the following reasons:—1st. The persistently and well marked remittent temperature. 2nd. The hepatic dullness pretty rapidly increasing, and the fulness in the hypochondrium and epigastrium becoming more pronounced. 3rd. The symptoms of pain, nausea, tenderness, etc., becoming more marked. 4th. Perihepatitis developing itself. 5th. The patient was losing strength, etc. The evidence in favour of the abscess being tropical was:—1st. The rapid and general enlargement of the liver, with tenderness, etc. 2nd. No evidence of pre-existing cysts could be found either by history or examination, not even after the puncture had been made. 3rd. The abscess was not in the position that the gallbladder would be in, nor was this enlarged, and there was slight jaundice with general enlargement of liver, and there was no history of previous hepatic colic, etc. 4th. The abscess appears as far as we can see to have arisen idiopathically. Upon our deciding that we had a case of abscess to deal with, the next thing was to make this positively certain, for taking into consideration the fact of the absence of the symptoms before mentioned, we could not be positively certain (although almost so) that such was the case; we therefore resorted to aspiration. 1st. For diagnostic purposes. 2nd. To draw the pus off if present, as I believe it to be by far more desirable to evacuate such than to allow it to burst either into the peritoneum, which it has been seen it was not far off doing in this case, or pleura, pericardium, or other channels it may take, and thus subject the patient to the risk of death either immediate, or by fever or continued drain. 3rd. The patient in spite of medicinal treatment and a nourishing diet was steadily losing ground and getting weaker, and if I had waited much longer it would have been useless to have attempted anything of the kind. I wish now that I had aspirated earlier, believing that it

would have given our patient a better chance; although upon the point of tapping there exists a difference of opinion amongst the ablest authorities, some being for and some against the operation. I think, however, that the greatest weight of opinion is decidedly for it when performed with proper precautions. I should certainly hesitate to put an ordinary trocar into a liver, as this would have the effect of allowing germs into the sac, which would then putrefy, and I consider it would be better not to have putrid pus confined, and so, in accordance with the sound principles of surgery, it would be far better where adhesions have formed to make a free opening and insert a drainage tube. But I think it best to first aspirate (the needle of the aspirator having first had carbolic lotion passed through it and then carbolic oil applied externally), and thus confirm your diagnosis; after this should the abscess be deeply placed, as proved in the present case, then it would probably be desirable just to aspirate as often as necessary with a full sized needle, with the precautions above mentioned. Should the abscess, however, be superficial, then, I think, the best way, if adhesions have formed, would be to make a free incision into the abscess cavity, under true antiseptic precautions. By this method of proceeding the abscess would be excluded from the septic air as it was before being opened, but there would be these important differences: tension would be relieved, the abscess drained freely, the destruction of hepatic tissue would be stayed, the pyrexia would subside, and thus the cavity would be put under the best conditions for closing. In the present case I should not have been able to make a free incision, as the depth from the surface, and the position would have required the incision to have extended through almost the whole thickness of the liver. I should, in this case, therefore have aspirated as often as necessary, as above described. The question might be asked:—Did the puncture in any way hasten our patient's collapse? In answer I think we can very safely say that if it had any effect in this way it must have been very slight, for the following reasons:—1st. There was very well marked perihepatitis before we made our puncture. 2nd. A fine needle was used, so that any injury done was very little. 3rd. We punctured in a place where we believed before, and ascertained after death, that adhesions existed, and post mortem all that appeared about the site of puncture was a small amount of extravasated blood. 4th. As far as the material that was withdrawn went, it was so small that it could hardly effect the case for good or evil, as it only amounted to a couple of drachms. Of course, there would be the very slight amount of shock, which may be said to be inseparable from any operation, even of a very slight character, but this would be so little that I think we might almost disregard it in this case. My own conviction is that the perihepatitis which was so well marked, as not only to be audible, but also distinctly felt, was the commencement of what a little later became general peritonitis; indeed, we may almost conclude that peritonitis had commenced, or was commencing, when we made our puncture. In many cases, as I have before remarked, death could not have been far off, as the abscess was very nearly giving way into the peritoneal sac, and this we would expect to end in the collapse of the patient.

ON FISTULA.

By WILLIAM MARKHAM, M.D.

Medical Officer to the Port Augusta Hospital, South Australia.

"Can fistula be cured without resorting to the knife?" is a question we are often compelled to ask ourselves. There are many reasons why it would be unwise to operate. A few patients cannot avail themselves of the advantages of an anæsthetic because of organic disease, and some refuse persistently to take ether through excessive timidity, fearing they might not regain consciousness; others because they have heard of death resulting from the use of chloroform. On the other hand we often meet with patients, both in private and hospital practice, whose constitutions, broken down by previous unphysiological habits, rarely bear the shock of an operation well. Among this class we find old men, or men of middle life, prematurely old, with pale flabby skin, bad blood, and generally suffering from chronic ulcers on the legs. No doubt, the majority of those who suffer from fistula can be safely and permanently cured by an operation. There are, however, many who prefer to bear a disease that makes life uncomfortable and often wretched, rather than submit to

the knife. To cure fistula without operative procedure we must recall the peculiar anatomy of the space between the intestine and the tuberosity of the ischium; the ischio-rectal fossa is filled with fat and areolar tissue through which the hæmorrhoidal vessels pass to the rectum, these veins are without valves, the looseness of the tissue and the valveless state of the veins therefore give but little support to the column of blood between the rectum and the liver. As the portal circulation is often obstructed by conditions, both mental as well as physical, it is not only the cause of frequent congestion of the hæmorrhoidal veins, but also the sluggishness of circulation which is the chief impediment to rapid granulation; but the great mobility of the part is, I believe, the chief obstacle to the healing of wounds about the anus. To overcome this and secure complete rest to the part will give the surgeon the only method of curing fistula without the use of the knife. I am satisfied that gradual and complete dilatation can accomplish this. I have found that by dilating the sphincter muscles, they may be quite paralyzed for from four to six days; all that is then necessary is to keep the sinus free from offensive discharge by the free use of Carbolic Acid, and the reparative process goes on rapidly. I prefer Glycerine in diluting the acid because of its strong affinity for moisture. After a few dressings the fistula will be found almost free from watery discharge. In reading my notes of cases treated for the last eight years, I noticed a few who submitted to dilatation without ether. As the process however is painful, it is better to use an anaesthetic, although with patience it can be dispensed with. When thorough stretching of the muscles can be only partially performed I increase the strength of the lotion.

Case No. 1.—C. A. came to me from the country (January '81) a thin wiry man, of extreme nervous temperament, was never sick in his life. During a long drive in December he was overtaken by a thunderstorm and sat on a wet seat for twelve hours, a few days after he felt itchy and hot about the anus, applied hot poultices; in ten days an abscess broke, which not closing led him to seek advice. On examination I found the usual nipple-like prominence about an inch from the anus. A soft catheter passed easily into the bowel. He positively refused to take ether or submit to an operation. I introduced a small sponge tent into the fistula for twenty-four hours. He took a very strong cathartic the day before, and an enema on the morning of the operation. I then thoroughly dilated the anus and passed a piece of lint saturated with a lotion, consisting of Carbolic Acid, diluted with Glycerine into the fistula until I could feel the point of the probe near, but not in the rectum. The bowels were kept confined with Opium and appropriate food for five days. After the second day I could no longer pass the lint up to the mucous membrane. The lower portion of the sinus began to close the third day. On the morning of the fifth day as there was only about half-an-inch of an opening, I opened the bowels with an enema, and on the twenty-first day he returned to his farm, cured.

Case No. 2.—J. McL. entered hospital April, '81. Complained of burning pain in the anus. Had been operated on for fistula, in India, nine months before. Found an old fistula as hard as a piece of wire, through which a catheter was easily passed into the intestine, between the sphincter muscles. The external opening was an inch from the anus. Could see the cicatrix of the original wound, which evidently had not healed from the bottom, there was a watery discharge which became purulent after the use of malt liquor or severe exercise. He would submit to any operation, no matter how painful, but persistently refused to be "cut again." After dilating the opening of the sinus, and also the anus, the Carbolic Glycerine was applied on a piece of lamp wick. It began to heal the second week. I used one part of Carbolic Acid to eight of Glycerine. At the end of the fourth week a slight opening only remained, which was touched with Argenti Nitras. He was discharged the sixth week, cured.

Case No. 3.—Mary M., aged 20, entered hospital in May, '81, suffering from an abscess near the anus; opened it under the ether spray. Ten days after a catheter was passed into the intestine, and the usual operation proposed, which was declined. She was extremely timid and hysterical. The sphincter muscles were thoroughly dilated, and the carbolic glycerine applied. Her bowels were kept confined for six days, and then moved by enema. The case progressed favourably and was discharged in four weeks, cured.

Dilatation was resorted to the second time in case No. 2. This was owing to the hardness of the tissue. In such old cases I have since learned that cure may be effected by using a stronger solution of Carbolic Acid, thereby rendering a repetition of dilatation unnecessary.

DIPHThERITIC CONJUNCTIVITIS.

By THOMAS DIXSON, M.B. et Ch.M., Edin., Sydney.

The unsatisfactory nature of the usual methods of treating this dangerous, but fortunately not very common, disease, is my reason for giving the following account of a case lately under my treatment. A man, baker by trade, came to me some six months ago for treatment of his left eye. He stated that his eye began to get very sore and swell some four days before; he went to a doctor, who gave him a zinc wash. This made his eye very painful and it felt worse. Next day he called upon me. On presentation to me his eye, left upper lid, was so swollen as to seem over half-an-inch thick, and it hung down to the upper maxilla, covering in the lower lid entirely; tears seemed to flow freely, which he described as scalding. On lifting gently the upper lid, the whole conjunctiva was seen to be greatly inflamed, but on the upper lid were two patches of a grey membrane tightly adhering to the palpebral conjunctiva, and about the size of, say half a threepenny piece each. Another was upon the lower lid of similar size. On raising the edge of the membrane it was found that the greater portion of each covered ulcers, which readily bled as it was lifted, but this could not be done without tearing it away. Subsequently as the ulcers healed it was seen that they had laid bare the parts to the hair bulbs of the eye lashes. The case was clearly diphtheritic conjunctivitis, but what about treating it? Was I to mercurialize him, or give him tonics, or paint the lid with nitrate of silver, and put leeches on the brow, with atropin drops for the eye. One or all of these seem to be considered as necessary by the "authorities" (Graefe, etc.), but looking upon diphtheria of any situation as primarily local and parasitic, I could not see any philosophy in such treatment. And here let me call attention to the fact that all these patches of membrane were situated so that the ulcers encroached upon the edge of the lids. The ulcers thus formed a line, since the lower one was not exactly opposite either of the other two, leading one to the supposition that the patient had touched the source of the diphtheria with his finger (say) and then wiped the closed eye, thus infecting three spots with the diphtheria plant seeds.

For treatment then: I wiped the diphtheritic spots with glycerine of Tannin, gave him a lotion of Boracic Acid, with orders meanwhile to poultice the eye every two hours afresh, applying the Boracic lotion to the eye each time. The next day the patient was much better, and the applications caused him no pain in themselves, but in a few hours had lessened the pre-existing pain. Under this treatment the case rapidly cured, the ulcers taking about a week or so to heal and leaving only a very slight puckering in of the eyelid from the cicatricial contraction. It was, however, a fortnight before the firm effusion had sufficiently left the lid to allow the eye to see satisfactorily, and indeed it was a month before it resumed its proper proportions and colour. I gave no internal medicine at any time and ceased the poultices, except during the night, after two days, stopping their use altogether after four days, the swelling being so vastly less, and the activity of the inflammation long gone past. It may be asked whether I tried to pull away the membranes. I did, but so enrooted did they seem in the tissues forming the base of the ulcer that I thought that if I removed the surface membrane it would be only partial, or so affect the tissues as to increase the subsequent scars. Hence the cure seemed to take place by the membrane lessening at the edge, and the epithelial edge of the ulcer working its way into the ground rendered sterile by the lotion getting in.

CASE OF SUPPOSED ABSCESS OF LIVER.

By ELLAR MCKELLAR MCKINLAY, L.F.P.S., Glas.
Government Medical Officer, Dungog, N.S.W.

On the 19th of last January T. H., aet. 47, consulted me for the first time as to a tumour in the abdomen. He looked perfectly healthy, pulse 88, and in every respect appeared free from any disease. Abdomen projected considerably, and the parietes, particularly on the right side, were on the stretch and thin, as if the tumour were "pointing," and about to discharge. The abdomen from above the umbilicus, to about three inches below and to the right, had a blueish pinky appearance, more so, as he had recently had a fly blister to the part. The history of the case seems incredible, but nevertheless is quite reliable. About two and a half years ago he had a very slight injury to the abdomen, by coming in contact with the front rail of a cart, which caused little or no inconvenience then or since. From this time a tumour has been gradually developing, until it has

now assumed enormous dimensions. The tumour is hard, circumscribed, smooth, and unyielding, and deep in the abdomen. It has no elasticity, and no fluctuation is perceptible. There is not the slightest pain on rough pressure, and he complains of nothing but the weight and inconvenience of the tumour, which appears to me to be about seven pounds weight. His health is, and has been, good throughout, and he has never had occasion to leave off his usual employment. His appetite is quite good, and he sleeps and enjoys himself as well as ever. The liver seems sound, and kidneys and bowels are in a healthy and natural condition. During the progress of his complaint he has had a few blisters to the part, and took some Iodine, with very little benefit. The state of his health, absence of pain, sickness, rigors, discolouration of conjunctiva or skin, puzzled me, and I was at a loss what to prescribe, so by way of doing something, I gave him a pot of Ung. Iodi., with instructions to rub in about the size of a marble every night, and some Ti. Iodi., of which I ordered him to take ten drops in water twice a day. As he lived at a distance I saw no more of him, but in about a month after his visit a friend of his called and told me that the tumour had disappeared, and he was well. I could not believe it, so I requested his friend to induce him to come and see me. He did so, and sure enough the tumour was gone. He informed me that about ten days before the tumour disappeared, he observed a softening of the parts implicated, and fluctuation on motion, and that on the nights of the 20th and 21st February (about 1 a.m.) he experienced a suffocating sensation, jumped out of bed, vomited two or three pints of purulent matter, fainted and fell, and on recovering vomited and purged a great quantity of purulent matter. This continued for about four and a-half days, and ever since he has been quite well. His pulse is 96, tongue, surface and temperature natural. The parietes of the abdomen, on the right side are slack, but gradually coming to the normal condition. Gave him a bottle of Ol. Camph. and Ti. Iodi., with instructions to use it occasionally, and apply a four inch pad and bandages for a month or two. The absence of pain, rigors, hepatic, or other derangements, is what strikes me as being most unaccountable. Of course, the Iodine precipitated the suppurative process, and adhesions to some portion of the intestines, afforded an opportunity for the pus to escape. Query: If this was not an abscess of the liver what was it?

NOTES ON THE LATE EPIDEMIC OF DIPHTHERIA AT TIKORANGI, PROV. TARANAKI, N.Z.

By JOHN MURRAY GIBBS, M.B. et Ch. M., Aberd., M.R.C.S.E.
Coroner, New Plymouth, New Zealand.

1st.—When the membrane separated from the larynx and trachea, it did not renew, whereas it renewed only on the pharynx. 2nd. The only stimulant I used was a little port wine occasionally. 3rd. Mrs. K. felt her throat sore directly she passed a putrid horse, on the third day I found a dense patch of membrane an inch in length, which I could not remove, behind her right tonsil. Her breath was most offensive, and the glands on the neck and the parts around very much swollen. In forty-eight hours the membrane had sloughed away in minute pieces like grains of rice; the breath was not offensive, and the swelling on the side of the neck had nearly disappeared. No paralysis had taken place. 4. Bessie S., aged 6, complained on the morning of Nov. 28, of great pain in her throat and intense thirst. During the night she continually asked for water. In the morning a rash like scarlatina (so they inform me) extended from the naval to the knees; the throat and thirst being better. The rash remained out two days and then died away. I saw her on Dec. 3rd, and found the skin peeling in large flakes from the lower part of the abdomen and inner sides of the thighs, and also from the tips of the fingers. Her throat was inflamed slightly, but nothing unusual about it or the tongue. There has been no scarlatina in the district. On Dec. 8th, I was again sent for, and on examining the throat found both tonsils covered with diphtheritic membrane, most of which I could easily remove with a brush. I treated her as described in my last paper. The membrane continued to renew on the throat until the 13th, when she gradually recovered. Seven other members of this family had diphtheria, but none had this rash, or any other I saw. The following were the ages of the patients:—One of eight months, eighteen between six and twelve years, seven between twelve and seventeen years, one at nineteen, and two adults, or ten males and and nineteen females. I have used the infusion of either, or steam from blue gum for the following complaints with great benefit: Leucorrhœa, ozæna, laryngeal phthisis (so called), gonorrhœa, otorrhœa.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF VICTORIA.

Melbourne, Wednesday, March 1st, 1882.

Mr. HEWLITT, M.R.C.S., president, in the chair.

A paper entitled, "Notes on recent cases of Typhoid Fever," was submitted by Mr. O. Penfold, M.R.C.S. According to Mr. Penfold's experience severe cases of typhoid fever have been exceptional of late years, the usual symptoms of the disease being milder than formerly, and the characteristic eruption not to be found. He is inclined to think that perhaps, owing to early treatment, "the specific products of the lesions of Peyer's patches are not reabsorbed in these mild cases." Mr. Penfold's treatment was largely prophylactic, but included tepid sponging daily, as well as the usual drugs appropriate to the symptoms.

Dr. ALLEN then exhibited pathological specimens as follows:—(a) Bronchial Calculus from the Bladder, composed of oxalate of lime and phosphates, and in the form of slender processes, radiating from a common centre. (b) Thyroid Gland from a case of Goitre; the patient, a Swiss; the thyroid arteries were greatly enlarged, as were also the vagus and sympathetic. (c) Aneurism of the Popliteal Artery, from a Kanaka, a syphilitic subject; the aneurism was diffuse, being without distinct walls and bounded by the tissues of the leg, into which considerable extravasations had taken place. (e) Tubular Kidneys and Bladders. (d) Ovarian Cysts, with pulleous contents.

The report of the Conference between the committee and the Victorian Branch of the British Medical Association on the inadequate remuneration allowed for medico-legal services was received, and laid upon the table for consideration at next meeting of the society. A report of this Conference has already been published in this journal at p. 80.

HOSPITAL INTELLIGENCE.

ADELAIDE AND PARKSIDE LUNATIC ASYLUMS.

From the Colonial Surgeon's report on the above institutions for 1881, we take the following abstract:—On the 31st day of December, 1881, the number of insane persons in South Australia under official cognisance was 606. Their distribution was as follows:—Adelaide asylum—males, 118; females, 128; total, 246. Parkside—males, 226; females, 134; total, 360. Both asylums—males, 344; females, 262; total, 606. The number had risen from 587 on the 1st January, to 606 on the 31st December, showing an excess of admissions over discharges of 19.

The admissions during the year numbered 199, viz.:—119 males and 80 females. 56 males and 27 females were discharged recovered; total, 83. 15 males and 28 females were discharged improved; total, 43. 2 males escaped, and 1 female, in whom no improvement had taken place, was given over to the care of her friends, at their own request. Adding these numbers together, it is found that while 199 persons were admitted, 129 were discharged, including the two male escapees and the female referred to. This gives a percentage of 64.8 discharges on admissions. Leaving out persons who on their discharge were only improved, and taking recoveries proper, the percentage of 41.7 on admissions.

Re-admissions number 44, viz.:—18 males and 26 females. They are equal to nearly one-fifth of the admissions. Under this designation are included all persons who on any previous occasion have been under treatment in a South Australian lunatic asylum.

The ratio of admissions to the population has fallen from 1 in 1200 in 1880, to 1 in 1469 in 1881. It is lower for the past year than for any of the four years immediately preceding. Among the admissions ten different nationalities are represented. England appears with 85, Ireland with 40, and Scotland, with 16. Of the 199 admissions only 34 are native born.

In South Australia the ratio of persons of unsound mind to the general population was, on the 31st December, 2.07 per 1000. In England for the year 1880 it was 2.62.

The mortality has not been in excess of previous years. 51 persons in all have died, giving a percentage on 587, the daily average number resident, 8.6. Here again comparison with similar institutions is not unfavourable. Two of the death were from suicide, but in neither case did the coroner's jury attach any blame to attendants.

The additions to Parkside asylum are, some of them, completed, others still in course of erection. The detached hospital ward mak-

ing up about 40 beds, and the cottage ward making up about 30, are now occupied. The female wing, providing accommodation for 150 patients, is rapidly approaching completion.

MELBOURNE LYING-IN HOSPITAL.

The twenty-fifth annual meeting of the above institution was held at the Town Hall, on Friday, February 14th. The medical officer's report stated that the number of in-patients remaining on the 31st December, 1880, was 38. During 1881 there had been 681 admissions, of these there had been accouched 601—76 of whom had been attended in their own houses, or in houses provided by the committee. The deaths numbered 23. There has been 9861 accouchements since the foundation of the hospital in 1856, and the total number of deaths since the foundation was 142. The infirmary wards admitted 288 patients in 1881, of whom 21 died. The total number of patients treated in the infirmary since its foundation was 3560, and 1006 patients were treated in the infirmary and midwifery wards during the year. The daily average of in-patients in both departments was 51. In the out-patient's department 360 patients remained on the books on the 31st December, 1880; 1120 new cases were treated during 1881; 318 remained on the books on the 31st December last, and there had been a daily average attendance of 39. Since the department had been instituted, 43,379 patients have been treated. Twenty-three students, and nine pupil nurses have received instructions during the year. A vote of thanks to the honorary medical officers, Drs. Fetherston, Rowan, Balls-Headley, and Burke, for their valuable services during the past year was carried unanimously.

GEELONG HOSPITAL, VICTORIA.

At the adjourned meeting of the General Committee of the Geelong Hospital, held on Wednesday, March 29, it was agreed to adopt a number of the recommendations lately made by the Government Inspector respecting ventilation, accommodation, drainage, and general management; and the House Committee was empowered to give effect to them. The consideration of the proposed new bye-laws was further postponed for another week.

OBITUARY.

FREDERICK WILLIAM BAILY, L.R.C.P., Lond., M.R.C.S.E.

We regret to have to announce the death of this gentleman, which occurred on Monday, February 27th, at Robe, S.A., where he had gone to recruit his health. Dr. Baily had been ill for some time, till about a fortnight before his death, when he was considered able to bear the journey from Norwood to Robe, but a week after a relapse set in, from which he never rallied. Dr. Baily brought out immigrants to South Australia about seven years ago, and he practised at Edithburg, after which he moved to Norwood, a suburb of Adelaide, and joined Dr. Sprod, of Kensington. The partnership was dissolved early last winter, since which deceased has been practising on his own account. He was one of the originators of the South Australian branch of the British Medical Association, and a contributor to the *Australasian Medical Gazette*. Dr. Baily has left a widow, the daughter of the hon. W. C. Buik, M.L.C., of Adelaide, and one child. He was only 31 years of age.

AMERICAN IMAGINATION—We sometimes speak of the imagination of the Gascons and Marseillaise, but it cannot be compared in vividness with that of the average American. America is now the classic country of inventions, and anything that is not invented there is attributed to it. It is not only in the industries that the inventive genius of her people is developed; they apply it to everything. Thus, for the punishment of Guiteau, the assassin of President Garfield, a physician from Illinois proposes the following torture:—"A clever shot should inflict upon the assassin the same wound he inflicted on Mr. Garfield. He should then be turned over to the same physicians who treated the President, who should submit him to the same operations which they had made on Mr. Garfield. If he should die, he would have suffered as much as his victim; if they should cure him, the legal penalty should then be inflicted." This is lynch law with exquisite refinements.—*Union Médicale*, Nov. 12, 1881.

PUBLIC HEALTH.

THE number of deaths recorded in Sydney during February numbered 248, viz.:—142 males and 106 females, being 73 above the average of the month from 1877 to 1881. Local diseases gave 34.68 per cent., and the most prominent in this class were—cephalitis, 6; apoplexy, 7; convulsions, 10; heart disease, 9; bronchitis, 10; pneumonia, 12; and liver disease, 6. The proportion of zymotic diseases was 25.40 per cent.—typhoid fever, 12; diarrhoea, 29; and intemperance, 5, being the principal causes of death. Of developmental diseases (16.53 per cent.), 7 deaths were from premature birth; 8 from teething; 6 from old age; and 17 from atrophy and debility (infants). Of constitutional diseases (16.13 per cent.), the primary causes were—phthisis, 26; and tabes mesenterica, 9. There were 15 accidental deaths, viz.:—fractures, &c., 10; injury to heel (mortification), 1; burns, 1; sunstroke, 1; and drowning, 2. There were also 2 suicides (both by poison); and 1 case of found drowned; making a total of 18 violent deaths.

THE deaths in the suburbs of Sydney numbered 224, viz.:—120 males and 104 females, being 93 above the average of the previous five years. The proportion of local diseases was 35.37 per cent.—principal causes of death, cephalitis, 11; convulsions, 12; heart disease, 8; bronchitis, 10; pneumonia, 5; congestion of the lungs, 6; gastritis, 5; peritonitis, 5. Zymotic diseases, 27.68 per cent.—typhoid fever, 7; dysentery, 4; diarrhoea, 40; cholera, 4, &c. Developmental diseases gave 21.43 per cent.—primary causes, teething, 7; childbirth, 3; old age, 7; and atrophy and debility, 28. Constitutional diseases, 12.05 per cent.—of these, 10 deaths were from tabes mesenterica; 11 from phthisis, &c. The violent deaths were, accidents, 6 (tetanus, 1; scalds, 1; drowning, 2; and suffocation—infants overlain—2); and one case in which an open verdict was returned—infant found dead in the bush; total, 7.

THE infantile deaths for the month of February were 44.35 per cent. of the aggregate mortality in Sydney, and 1.03 per cent. below the previous five years' average. The percentage in the suburbs was 67.41, which is 7.12 above the average.

DURING the month of February there have been 59 deaths registered in the Brisbane registry district, 26 of which were children under five years (and of these 17 were infants under one year), or 44.07 per cent. of the total number. The true infantile mortality, or deaths under one year, as compared to deaths in the district, has been 12.50 per cent. within, and 22.73 per cent. outside the municipality, and 14.41 in the whole registry district of Brisbane.

DIARRHOEA is prevalent at Auckland, N.Z.

DIPHTHERIA has appeared at Tumut, N.S.W. Five members of one family died from this disease in seven days.

WHOOPING COUGH and bronchial affections are prevalent among children at Brisbane.

LOW FEVER and measles are prevalent at Napier, N.Z.

SEVEN patients suffering from typhoid fever are in the hospital at Auckland, N.Z. One case has terminated fatally.

SCARLET FEVER is still spreading in the suburbs of Auckland.

SCARLET FEVER is reported to exist at Ballarat, Vic.; one child in the local Orphan Asylum has died from this disease.

OPHTHALMIA is very prevalent at Scone, N.S.W. More than 60 of the scholars of the public school have been obliged to remain at home on account of this disease.

OPHTHALMIA and dysentery are prevalent at Jerilderie, N.S.W. Two deaths have occurred from the latter disease.

OPHTHALMIA and whooping cough are prevalent amongst the children at Gundagai, N.S.W.

OPHTHALMIA is very prevalent in the district of Carcoar, N.S.W.

TWO cases of scarlatina, sine eruptione, are progressing favourably under the treatment of Dr. Naylor, of Campbelltown, Tasmania. No other cases have occurred yet.

TYPHOID FEVER, which has existed in Adelaide for some time, appears to be increasing.

A GREAT deal of sickness prevails in the St. Arnaud district, (Vic.), there being several typhoid and scarlet fever cases.

DR. D'ARCY SUGDEN, of Maryborough (Qu.), has called attention to the prevalence of zymotic diseases in the vicinity of the stagnant waterholes in the creek, which flows through the centre of the town. The stenches arising from this chain of stagnant waterholes are carried by the prevailing winds of the greater part of the year into the hospital. Dr. Sugden states, that during the last two years he can recall 14 cases of zymotic disease within an area of a quarter-of-a-mile of the creek; six of these occurred in the hospital to patients who had been brought in for some other disease or accident.

GLEANINGS FROM THE JOURNALS.

DR. O. C. ROBINSON in an experimental research on tuberculosis used altogether over 100 animals, viz.: rabbits, guinea pigs, cats, and dogs, and arrives at the following conclusions:—1. Tuberculosis artificially produced in animals is not due to a specific virus. 2. To produce tuberculosis in animals inoculation with tubercular matter is not necessary. 3. Failures to produce tuberculosis by inoculation with other substances, are in the same proportion, as with true tubercular matter. 4. Any foreign substance capable of exciting inflammation introduced under the skin, or any traumatic injury, can produce tuberculosis, providing the animal is of scrofulous habitus. 5. Scrofulosis in animals is expressed by an inflammation terminating in the production of a cheesy mass. 6. Animals not generally scrofulous may become so, and then only tuberculosis can be produced in them. 7. Miliary tubercles are simply compressed aggregations of cells of any simple granulation tissue, ill nourished, into small nodes. The arrangement into nodes represents a true ante-mortem act of cells, to which any young inflammatory connective tissue is liable. 8. Under favourable conditions of nutrition, tuberculosis in animals may undergo a higher organization, becoming converted into harmless small fibromata. 9. Tuberculosis artificially produced in animals are histologically strictly identical with those occurring in man.

DR. LOEWENBERG (*Le Progres Medical*) treats furuncle with Boracic acid. In recent cases he simply fomented with an alcoholic solution of Boracic acid, in older furuncles he incises them, if not already opened, so that the antiseptic may be brought in direct contact with the focus of infection. He suggests that a few drops of the solution should be injected directly into the follicle before the full development of the furuncle. Scrupulous cleanliness should be observed with the view of preventing pus being carried to new points and inoculated through the hair follicles.

DR. FRANZ PENZOLT brings forward some new facts regarding Quebracho. At present only two kinds are of any practical interest: 1, Quebracho blanco (*Aspedosporium Quebracho*); and 2, Quebracho Colorado (*Hoxopterigium Horengii*). He draws attention to two alkaloids, *Aspedospermum* and *Buebrachin*. These alkaloids are believed to act by giving the blood power to take up more oxygen than under normal circumstances. Of the barks, Quebracho Blanco is the best. It may be given in doses of one to two teaspoonfuls of the extract three times a day in idiopathic and symptomatic asthma, (cardiac, renal, emphysematous, or pleuritic, in origin). The alkaloids are not found in the wood and only sparsely in the bark. Nitrate of Amyl is said to act excellently in chordee and painful erections. Three drops by inhalation is the dose.

DR. J. LANDER BRUNTON recommends Ipecacuanha in catarrh of the bile ducts causing jaundice. It is absorbed into the blood and thus acts on the ducts. It increases the secretion, rendering it less tenacious, and thus allows the bile to escape into the duodenum. Some use for a dose a quarter to one grain, others prefer using it as is done in dysentery, viz.: by administering first a sixth of a grain of Morphia, and then thirty grains of Ipecacuanha half-an-hour later as a bolus.

DR. W. HALE WHITE (*Lancet*) records a successful case of diphtheria treated after tracheotomy, by Glycerate of Pepsin sprayed into the throat by means of an atomiser; the solution being first heated to the actual temperature of Pepsin.

PROFESSOR CHIRON obtains good results by treating ulcerated epithelioma of the cervix uteri with Nitrate of Lead. He first cleans the part with a pledget of lint soaked in Glycerine; he then injects a litre of warm water in which five grains of Perchloride of Iron have been dissolved. Any blood that flows must be dried with lint or cotton wool. His formula is:—Purified Nitrate of Lead, grains 15; Hydropodium in powder, grains, 30. Under this treatment suppuration and the offensive odour is lessened, whilst the hæmorrhage is avoided.—(*Progres Medical*).

THE Council of Public Health, says the *Revue Medical*, has submitted a report to the Academy of Medicine of Paris, on the disadvantages of cod liver oil administered to infants and young children. Fatty matters are as ill-suited to the alimentation of newly born infants as albuminoids, excepting casein, which exists normally in milk, and are found to be perfectly assimilated. In the first period of life, the forces necessary for the emulsifying of fatty matters are almost entirely wanting. The hair although largely developed secretes only a small quantity of bile, and the researches of Langendorf and Zweifel have proved that the pancreatic juice possesses a very slight emulsive power.

DR. McALDOWIE has adopted the inhalation of Terebinthine, a remedy in phthisis and certain other lung diseases, in preference to the vapours of Creasote, Carbolic Acid, Iodine, &c. He has used it in two hundred cases of phthisis and other lung complaints characterised by profuse purulent expectoration. Terebinthine is a sedative, allaying the cough and irritation, and agreeable to the patient on account of its fragrant pinewood odour. When the expectoration is copious and foetid, it is advisable to administer it internally, in doses of five minims, either in emulsion or with Carbonate of Magnesia in addition to the inhalation of its vapour.

INFLUENCE OF ALCOHOL UPON DIGESTION.—Buchner (*Deutsches Archiv für Klin. Med.*, 1881, Bd. 29, p. 537), as the result of a series of elaborate researches upon this subject, concludes as follows:—(1) Alcohol as such, up to the strength of ten per cent., has no influence upon artificial digestion. (2) Added to the amount of twenty per cent., it retards the process of artificial digestion. (3) In a higher percentage it puts an end to the digestive process. (4) Beer, when undiluted, stops the process of artificial digestion entirely; diluted with water it simply hinders it. Red and sweet wine have the same effect, while undiluted white wine simply retards without suspending the digestive process. (5) In the natural process of digestion beer appears to act unfavourably even when taken in small quantities; wine acts in the same way. (6) In disturbed conditions of absorption and secretion of the gastric mucous membrane this effect of alcoholic fluids proceeds even to complete interference with the digestive process.

PERMANGANATE OF POTASSIUM IN SNAKE-BITES.—M. de Lacerda (*Medical Times and Gazette*, October 29th, 1881) has lately discovered a fact of considerable scientific and practical importance, which he has communicated in a note to the Paris Academy, namely, that permanganate of potassium counteracts very effectively the poison of snakes. In a first series of experiments, a water solution of the poison was injected into the cellular tissue of dogs, under the legs, and its usual effects were large swellings, with abscesses, loss of substance, and destruction of tissues. But when an equal quantity of filtered (one per cent.) solution of permanganate of potassium was injected one or two minutes after the poison, these local injuries were quite obviated; there was merely a slight swelling where the syringe had entered. Next, introduction into the veins was tried, and the permanganate again succeeded admirably. In only two cases out of more than thirty was there failure, and this is attributed to the animals experimented on being very young and weak, and badly fed; also to the antidote being administered at too long an interval after the poison, when the heart was already tending to stop. In one series of cases the permanganate solution was introduced half a minute after the solution of venom, and the animal operated on showed no derangement beyond a very transient agitation, and acceleration of the heart's action for a few minutes. In another series the characteristic troubles caused by the poison were allowed to manifest themselves (dilatation of the pupil, quick breathing and heart-action, contractions, &c.) before the antidote was applied. In two or three minutes, sometimes five, the troubles disappeared; a slight general prostration followed for fifteen to twenty-five minutes; after which the animal would walk, and even run about, and resume its normal aspect. Other dogs poisoned similarly, but not receiving the antidote, died more or less quickly.

POISONING BY BORACIC ACID.—The increasing employment of boracic acid as a topical application gives interest to the following communication from Dr. Molodenkow, of Moscow (*Cbl. f. Chir.*, No. 39, 1881; from *Wratsch*). The first case was that of a man of 25, who, after thoracentesis, was treated by washing out the pleural cavity with five per cent. boracic acid water, the operation lasting an hour, and 15 quarts of the boracic acid solution having been employed, a portion of which remained in the pleural cavity. Vomiting, weakness, with increase of pulse and temperature, and later an erythematous eruption upon the face followed. Within a day or two all these symptoms grew worse, the erythema spread over the body and thighs, mother-of-pearl-like vesicles appeared over the face and neck, vomiting continued, weakness increased, hiccough and dimness of vision; finally, death on the fourth day. The second case was that of a patient, 16 years of age, suffering with an abscess in the region of the hip, which was washed out with five per cent. boracic acid water, a portion remaining in the cavity of the abscess afterwards. Within a quarter-of-an-hour uncontrollable vomiting began, and the patient died of exhaustion on the third day. Boracic acid cannot, therefore, be regarded as an indifferent substance,—at least when introduced into the cavities of wounds.

NOTICES TO CORRESPONDENTS.

Articles, Letters, and all communications intended for publication, also Books for Review, to be addressed to "The Editor of The Australasian Medical Gazette, 35, Castlereagh-street, Sydney."

The Name and Address of the sender must accompany every communication, not necessarily for publication. Anonymous letters will not be noticed.

The Australasian Medical Gazette.

SATURDAY, APRIL 1st, 1882.

THE hot spring country of New Zealand is situated in the North Island, and extends from the shores of Lake Taupo to White Island, in the Bay of Plenty, on the eastern shore, a distance of about one hundred and fifty miles, with a breadth of some twenty-five or thirty. Throughout the whole of this vast area heated geysers, and evidences of active volcanic agencies are always manifesting themselves. There are, however, groups of fountains at various spots where it is considered desirable in the future that sanatory stations shall be erected. Perhaps in no other temperate climate in the world is there such a wealth of mineral springs as there. Immediately opposite the Rotorua Lake, about sixteen miles from Lake Taupo, are found facilities for bathing in the open, on the largest scale of any single place in these volcanic districts. The hot springs, situated on a promontory near the shore, have their waters at a heat of from 50 deg. to 110 deg. Fahrenheit into the lake. Any bathing temperature may here be enjoyed, and the place is the resort of the entire population of the neighbourhood morning and evening. About twenty miles hence, near the shores of Lake Tarawera, are the celebrated Pink and White Terraces of Rotomohana. Who that has read the vivid description of these magnificent natural baths in the work, entitled "The Australian Abroad," cannot but desire to feast his eyes on the elegant structures built by the waters themselves for the benefit of those desirous of enjoying them? and to plunge into the pools of varying temperature, set one above the other in marble and silicious terraces, and adorned with pillars and arches fashioned by the Great Architect of the Universe.

The Italian proverb, "See Florence and die," occurs to us and if altered would read much better, "See Rotomohana, and bathe."

The springs, according to the report on the subject by Dr. Hector, Director of the Geological Survey, may be divided into groups consisting of Saline, Alkaline, Alkaline Silicious, Hepatic or Sulphurous and Acidic waters. He mentions thirty-four principal springs, of which seven (7) are Alkaline, eight (8) Acid, thirteen (13) Sulphurous, and the rest Saline, or Ferruginous Saline. The Alkaline waters especially at Waimera, near Auckland, are used for rheumatic cases, cases of chronic rheumatic arthritis, the opprobrium of medicine, being most benefitted by their use.

We are led to believe, from what we have read on the subject, that the mineral waters of New Zealand equal in quantity, quality, variety and temperature those of Iceland, the Himalayas, Germany and England combined.

We hail with pleasure the announcement that at Rotorua, in the immediate neighbourhood of the lake, a township has been laid out, a hospital is in course of erection, to which otherwise incurable patients may be brought for gratuitous treatment, and preparations of various kinds made to receive invalids in a position to compensate their attendants and those who have helped to place modern requirements of civilization in these spots, where so long the only residence was the New Zealand savage's pah and hut.

Dr. LEWIS, formerly assistant-surgeon of H.M.S. Cormorant, well known in Melbourne and Sydney, has been appointed medical officer in charge, and we congratulate those patients who may visit Rotorua upon their probabilities of improvement under his treatment. The thermal spring district will be, there is little doubt, the refuge for many Australians seeking health; and we look beyond, and hope to

see the day when invalids may travel across the Pacific and Indian Oceans, and traversing from Europe, Asia and America may visit New Zealand with fairer prospects of restoration than many have now who are sent away from their homes, to be relieved from their sufferings by other climates.

The voyage, however, from the Australian coast is nearly always most inclement, and a frail invalid gets often knocked about considerably on board ship in consequence. Would it not be better for us to endeavour to find our own mineral springs, and make use of them in the same way as the New Zealand Government has done? We have heard of some aerated natural waters and hot springs in Australia, and we believe that scientific research will develop the presence of more. It behoves all our country brethren to investigate, by analysis and otherwise, such springs and spas which may come under their observation, as they are such vast sources of health. At Cooma in New South Wales already are found springs containing Carbonic Acid Gas.

THE MONTH.

FIJI.

THERE has been much activity displayed in the Medical Department over the matter of vaccination. All employers of coloured servants were notified to send their servants on a given day to the Chief Medical Officer, Dr. W. McGregor, C.M.G., and have them vaccinated. On that day files of men and women, from different isles of Polynesia, were ranked in the yard at the back of the Suva post office, and Dr. McGregor quietly and persistently went to work for the morning. The vaccination of European children and adults is still going on in the usual way.

NEW SOUTH WALES.

WE are glad to see that the new Biological Station, situated on the southern shore of Port Jackson, has been erected. It is situated on the point between Watson's Bay and Camp Cove. The house consists of six rooms—three suites of two rooms each—so that biologists who wish to reside there may do so. It is to be hoped that the building will assist scientific experimentalists in the pursuance of their researches.

ONE of our contemporaries, which distinguishes itself by relating extraordinary stories, has recently discovered a mare's nest, and given its readers a full account of the discovery. A highly coloured verbal sketch was given of a poor man, in the prime of health, who was "done to death" by warders in the Sydney Hospital. This, of course, on being reported to the Committee of the Hospital caused that body to take action, and a Sub-Committee was appointed to investigate the matter. After sitting several times, and examining all witnesses who could throw any light on the subject, it was ascertained that the greatest possible care had been taken of the patient, and that that individual had succumbed from delirium tremens supervening on chronic cardiac disease. "Hoi soit qui mal y pense."

SEVERAL technical legal objections were brought forward recently by Government, in the Equity Court, against Dr. Clune's claim for compensation for his detention at the Quarantine ground. These came on early this month before Mr. Justice Windeyer, and were discharged. The action in common law will probably soon be heard.

THE Government have made arrangements with Dr. D. W. B. Wilkie, late of Hay, now of Wilcannia, to proceed to the diggings at Mount Poole, in order to minister to the wants of the sick. Dr. Wilkie will receive the sum of £300 for his professional services for a fortnight on the diggings, he paying his own expenses there and back. He is also authorised to take any medical comforts, at the Government expense, that he may think desirable. Dr. Wilkie left for Mount Poole on Saturday, March 25.

THE hospital at Bourke is completely besieged with applicants for admittance. Nearly 60 persons applied for admission during the month of March, the majority having to be refused on account of the institution's already overcrowded state. The greater number of the applicants come from Mount Browne, broken down in health and penniless, and a large number from Queensland. Some travelled 500 miles. The Government annual contributions are scarcely more than half the public subscriptions. It is the unanimous opinion that a large subsidy should be granted in order to assist in meeting the fast increasing requirements of the institution, and we now understand that a special grant of £100 has been made by the Government in aid of this Hospital, to enable the committee to meet the pressure caused by the unwonted illness which had its origin in the drought, and by the influx of patients from Mount Poole and other distant places.

THE Hospital Committee at Lismore have resolved at present to erect a cottage hospital to cost £300. They have succeeded in collecting £150 for this purpose, and they expect to procure an equal sum from the Government; hence tenders are called for the erection of this institution, and it is expected the building will be completed ere the year closes.

DR. W. F. CLAY, late of Wollongong, Camden, and Manly, has left with his family for London in the Orient s.s. "John Elder."

DR. P. F. CASEY, who has been practising at Deniliquin for many years, has removed to Hay.

DR. J. R. CRAWFORD, late of Dunedin, N.Z., and Tambo, Q., has succeeded to Dr. J. Shaw's practice at Temora.

DR. J. M. WARREN, late of Wanganui, N.Z., has commenced practice at Bourke.

DR. A. W. OAKES, late of Woollahra, has left for England in the R.M.S. "Shannon."

DR. GEORGE JAMES RENWICK has commenced practice in Sydney at 257 Elizabeth street, formerly occupied by Dr. Hy. Day, who has removed to Bligh street.

DR. AUGUST DUCKERSHOFF, specialist for diseases of the skin, has commenced practice in Sydney at 197 Liverpool street, Hyde Park, lately in the occupation of Dr. W. J. G. Bedford.

NEW ZEALAND.

DR. THOMAS M. PHILSON, Health Officer for Auckland, has received a complimentary letter from the Branch Manager of the Union S.S. Co., stating—"Now that the quarantine restrictions as regards the port of Sydney are withdrawn, and there is no further need of your attendance in passing our steamers, I have much pleasure in thanking you for the prompt manner in which you have attended whenever your services were required during the past seven months. As a rule the steamers arrived at an early hour in the morning, but still our messenger found you prepared to leave at once, and I do not remember any occasion on which delay could be attributed to you."

DR. JOHN RODGERS was found dead in his house, at Bombay settlement (Prov. Auckland), on Sunday, March 5th. An inquest upon the body was held on the following day when the verdict of "died from natural causes" was returned by the jury.

As Dr. R. W. Stirling, of Outram (Prov. Otago), was driving through the town in his buggy, on Saturday, March 4, accompanied by Mrs. Stirling and her sister, the horse shied at a flash of lightning, bringing the buggy short round on the lock and capsizing the occupants into a ditch at the side of the road. Mrs. Stirling's sister had her shoulder dislocated, and sustained other bruises; the others escaped with a few slight contusions. The buggy was smashed, and the horse bolted with the harness but was caught uninjured shortly afterwards.

DR. D. MACGREGOR, of Dunedin, and Dr. J. Hector, of Wellington, had a narrow escape of receiving personal injury, through the axle of their carriage breaking, whilst driving in the suburbs of Auckland, on March 1st.

THE Government of New Zealand intend to send to the old country for a Medical Inspector of Lunatic Asylums in the room of the late Dr. Skae.

THE degree of M.D. (ad eundem gradum) was conferred by the Senate of the University of New Zealand on Mr. M. I. Irving at a meeting, held at Auckland, on March 3rd.

DR. GRAY HASSELL, a native of Oamaru, was appointed Resident Surgeon of the Timaru Hospital at the meeting of the Committee,

held on Friday, March 3rd. His duties will be to act as surgeon to the Hospital, the Gaol, and the Police; private practice not being allowed.

DR. J. M. MOORE, of Auckland, having commenced legal proceedings against the Union Steamship Company for damages through an accident sustained on board the steamer Rotorua, the Company have compromised the action by a money compensation.

DR. W. H. F. SANDER, of Auckland, has been sent to the Motuihi Quarantine Station to attend to the measles patient from the Pacific Mail steamer Australia.

DR. W. M. STENHOUSE has succeeded to the practice of the late Dr. Borrow, of Moray place, Dunedin.

DURING last session of the New Zealand Parliament the Public Health Act was amended, so as to place the responsibility of reporting cases of infectious diseases upon the medical practitioner, giving him 2s. 6d. for each case reported.

DR. J. H. HOOPER, of Auckland, has been fined one shilling and costs for neglecting to report a case of scarlet fever to the Local Board of Health.

DR. CHAS. HY. HUXTABLE, of the Thames, was charged in the local Police Court, on Friday, March 24, with a breach of the Public Health Act in not reporting a case of scarlet fever, but after hearing the evidence for the prosecution the magistrate dismissed the case.

DR. R. G. MACDONALD, late Resident Surgeon at the Timaru Hospital, has commenced practice at Otepopo, Prov. Otago.

DR. HENRY WILLIAMS, late of Blenheim and Timaru, has commenced practice at Oxford, Prov. Canterbury.

DR. JAMES MURDOCH contemplates leaving Ashburton on account of ill-health.

DR. T. M. HOCKEN, of Dunedin, was entertained at dinner by a large number of his friends on Tuesday, March 21, on the eve of his departure on a visit to America and Europe. The toast of the evening was proposed by the chairman, Mr. George Turnbull, who expressed in appropriate terms the high appreciation entertained by those present of the many excellent qualities possessed by Dr. Hocken, and their extreme regret at his approaching departure. Dr. Hocken, in replying to the toast, expressed his most earnest thanks for the goodwill entertained towards him by those present, and in a speech of some length spoke of the pleasure he derived from the knowledge that there were so many warm friends who regretted his departure from amongst them, and who would welcome him back to the Colony on his return.

A MEDICAL Practitioner is required at Norsewood (Hawkes Bay), a Norwegian settlement, about 65 miles south of Napier. A liberal bonus is offered by the inhabitants.

At the meeting of the Senate of the University of New Zealand, held at Auckland on Tuesday, March 7, the following motion of Professor Duncan Macgregor, M.A., M.B. et M.Ch. Edin., of Dunedin, was agreed to:—"That a committee be appointed to consider the advisability of prescribing a medical curriculum in connection with the New Zealand University." Professor Macgregor stated that the University of Edinburgh were prepared to allow two years for the studies in other universities where there was a recognised curriculum of which that university approved. The matter was important, as two years of study in the colony would enable parents to defer sending their sons to the Edinburgh University until the classes were of more advantage. He thought many would take advantage of this privilege.

DR. F. C. BATCHELOR, of Dunedin, has been elected president of the Union Football Club.

DR. H. H. SPRATT, of Greytown, has resigned his appointment as Hon. Assistant-Surgeon in the Greytown Rifle Volunteers.

QUEENSLAND.

SINCE the resignation of Dr. G. W. Macartney, as Resident Surgeon to the Ipswich Hospital, Dr. E. R. Webb has been placed in charge of this institution, pending the appointment of a successor to Dr. Macartney.

DRS. F. MARGETTS, M. J. O'Sullivan, and A. O. H. Phillips have been appointed members of the Local Board of Health for Warwick.

SOUTH AUSTRALIA.

ON Saturday evening, March 11, Dr. Charles M'Clintock, of Gladstone, was starting home in his carriage from Georgetown when the horse suddenly swerved short round, completely overturning the vehicle with the doctor in it. Fortunately the horse got clear of the

harness, or the results might have been more serious. As it was Dr. McClinton only broke his collar bone, besides being very much cut about the face, and severely shaken. The patient is under the care of Dr. R. W. Pendleton, of Laura.

DR. THOMAS H. WHITE, after an absence of nearly 18 months in the old country, has returned to Adelaide by the P. and O. R.M.S. Clyde.

THE practice of the late Dr. F. W. Baily, of Norwood, is carried on by Dr. C. E. Thompson on behalf of the widow.

At the Committee meeting of the Adelaide Hospital, held on March 17, a Sub-Committee was appointed to confer with the Architect-in-Chief for the preparation of plans for the erection of a building of an Out-patients' Department on the Hospital premises.

DR. W. J. MORIER, of Woodlands was, on March 2nd, invited by some friends to meet them at Noarlunga, in order to wish him "good-by" on the eve of his departure on a visit to Scotland. There were about 40 gentlemen present, and the usual loyal toasts having been duly honoured the chairman, in proposing "the Guest of the Evening," took occasion to refer to the medical skill and thorough straightforwardness of the doctor's character, which had secured him the regard and esteem of those amongst whom he had lived during the last three or four years, and expressed the hope that he would have a pleasant and safe passage to the old country, and a speedy return. Dr. R. McGowan, of Willunga, takes charge of Dr. Morier's practice during his absence.

DR. E. C. HADEN has been appointed a member of the Board of Advice for the School District of Port Wakefield; and Dr. J. I. Sangster for the School District of Burra.

DR. G. ADDISON, late of Mount Gambier and Wilmington, has removed to Gawler, and Dr. W. B. Hutchinson from Gawler to Kadina.

DR. W. H. DASHWOOD, late of Edenhope (Vic.) and Blinman, is now practising at Kingston.

DR. A. F. G. ENGELHART, of Maitland, has removed to Mount Pleasant, and Dr. R. F. Fisher from Yarrowie to Melrose.

DR. A. W. GRAHAM, late of Terowie, has commenced practice at Yongala.

DR. E. A. MAHONY, late of Molong (N.S.W.) is now practising at Millicent.

DR. J. MCK. MUSTARDE, late of Robe, is practising at Millicent.

DR. J. B. K. WHITE, late of Blimman, has removed to Wonoka.

TASMANIA.

DR. CHARLES TURNER has resigned his appointment as Public Vaccinator for the district of Richmond.

DR. F. HOMAN, late of Stanley, has removed to Oatlands.

DR. J. B. MARR, who only recently settled at Mount Bischoff, has left this district; his place has been taken by Dr. John McCall, a native of Tasmania.

VICTORIA.

DR. W. M. LYTTLETON, late of Bellarine, who was assisting Dr. Bulmer at the Quarantine Station, near Point Nepean, has been relieved from duty, as it is not necessary that he should longer remain at the station.

DR. T. M. AUSTIN, late of Sandhurst and Kerang, has removed to Deniliquin, N.S.W.

DR. JOHN BLAIR, after an absence of nearly 12 months in the old country, has returned to Melbourne by the P. and O. R.M.S. Indus.

DR. E. G. OCHILTREE has commenced practice at Ballarat.

DR. JAMES JAMIESON concluded his course of lectures to midwives and nurses, at the Melbourne Athenæum, on Tuesday, March 28. Throughout the two months during which the series lasted the attendance was excellent and the interest well maintained. At the conclusion of the last lecture the class passed a vote of thanks to Dr. Jamieson, and presented him with a handsomely bound volume bearing the inscription:—"To James Jamieson, M.D., from the members of the Athenæum class. Melbourne, March, 1882."

ACCORDING to the *Scientific American* the plan of treating sunstroke in New York is as follows:—The patient stripped of superfluous clothing, was placed face upwards on a tressel over a trough filled with blocks of ice, whilst an attendant played iced water through a finely perforated nozzle all over the recumbent body. The result was most satisfactory.

PROCEEDINGS OF COLONIAL MEDICAL BOARDS.

The following gentlemen having presented their diplomas, were duly registered as legally qualified Medical Practitioners by the respective Boards:—

NEW SOUTH WALES.

Crawford, James Robert, L.F.P.S., Glasgow, 1865
Dewar, Alexander, M.D. Edinburgh, 1862; L.R.C.S., Edinburgh, 1862.
Hanson, Hargreaves Hallis Halls, L.R.C.P. Edin., 1875; L.R.C.S., Edin., 1875
Higgins, Samuel Ormsby, M.B. Melbourne, 1881; Ch.B., Melbourne, 1881
Lovell, Robert Haines, M.R.C.S., England, 1878; L.R.C.P., London, 1879
Macdonald, William Craig Christie, M.B., Glasgow, 1878; C.M., Glasgow, 1878
Menzies, Edward, M.R.C.S., England, 1841
Shearman, Percy Edward, L.R.C.P., London, 1881; M.R.C.S., England, 1880.
Steel, John James, L.R.C.P., Edinburgh, 1878; L.R.C.S., Edinburgh, 1878.

NEW ZEALAND.

Hassell, Gray, M.B. et Ch.M., Aberdeen, 1881
Sorley, John, M.B. et Ch.M., Edinburgh, 1881.
Striese, Carl Heinrich, M.D., Berlin, 1875

QUEENSLAND.

Paoli, Francis, M.D.

SOUTH AUSTRALIA.

Caffyn, Stephen Mannington, M.R.C.S.E., 1876; L.R.C.P., Edinburgh, 1880.
Jackson, George Cecil, L.R.C.S., Ireland, 1872.
Nickoll, J. S., M.D.

VICTORIA.

Hogg, James Ballantyne, L.R.C.P. et R.C.S., Edinburgh, 1881
Irwin, John Anderson, L.R.C.P. et R.C.S., Edinburgh, 1880
Smith, William Beattie, L. et L.Mid.R.C.S. et R.C.P. Edinburgh, 1876; F.R.C.S. Edinburgh, 1879

Name restored to Register:—

Gillman, Thomas Henry, M.D. et Ch.M., Q. Univ. Irel.; L. et L.Mid K.Q.C.P., Irel., 1870

MEDICAL APPOINTMENTS.

Andrew, John Edward, M.R.C.S.E., L.R.C.P. Edin., L.S.A. Lond., of Clunes, Victoria, to be surgeon in the Victorian Volunteer Force.

Casey, Philip Forth, L.R.C.S. Irel., L.K.Q.C.P. Ireland, to be Government Medical Officer and Vaccinator for the district of Hay, New South Wales, vice Dr. D. W. B. Wilkie, resigned.

Clark, Charles Alfred Dagnall, M.R.C.S.E., L.S.A. London, to be Acting Health Officer at Williamstown, Victoria, during the absence on leave of Dr. D. P. Maclean.

Davies, John Morgan Lloyd, M.R.C.S.E., L.R.C.P. Edinburgh, L.S.A. London, of Port Chalmers, New Zealand, to be Public Vaccinator for Blueskin District, Prov. Otago.

Denis, Arthur Adrien, M.D. Strash., of Yarrowonga, Victoria, to be Public Vaccinator for the district of Mulwala, New South Wales.

Forbes, Armitage, L.R.C.P. Edinburgh, L.R.C.S. Ireland, to be additional Vaccinator for the district of Walgett, New South Wales.

Hassell, Gray, M.B. et Ch.M. Aberd., appointed Resident Surgeon of the Hospital at Timaru, New Zealand.

Hogg, James Ballantyne, L.R.C.P. et R.C.S. Edin., appointed Medical Officer to the Hospital at Echuca, Victoria, at a salary of 150*l.* per annum.

Lewis, Thomas Hope, M.R.C.S.E., L.S.A.L., of Ohinemutu, to be Public Vaccinator for the Tauranga District, N.Z.

McDonald, Wallis, L.R.C.P. Edin. et M.R.C.S.E., of Hamilton, Tasmania, to be Public Vaccinator for the district of Bothwell.

Marks, Charles Ferdinand, M.D., M.R.C.S.L., L.Mid. K.Q.C.P. Irel., of Brisbane, to be a Member of the Queensland Medical Board, also of the Queensland Central Board of Health.

Monckton, Francis Alexander, Surgeon, to be Public Vaccinator for the district of Ross, New Zealand.

Payne, Charles Alexander, M.R.C.S.E. et L.S.A. London, to be Vaccinator for the district of Westbury, Tasmania, vice Dr. W. Allnutt, resigned.

Pearless, Walter Reif, M.R.C.S.E., to be Health Officer for the shire of Alberton, Victoria.

Pendleton, Richard W., L.K.Q.C.P., Irel., L.R.C.S., Irel., to be Government Medical Officer at Port Augusta, S.A.

Robinson, Rawdon Briggs, L.R.C.P. et R.C.S. Edin., to be Public Vaccinator for the district of Christchurch, New Zealand.

Ryley, John Rutherford, F.R.C.S. et L.R.C.P. Edin., to be Government Medical Officer and Vaccinator for the district of Tenterfield, New South Wales.

Scott, Charles Henry, M.B. et Ch.B. Melbourne, to be Health Officer for the shire of Buninyong, Victoria.

Snowball, William, M.B. Melbourne, L.R.C.S. Edinburgh, L.S.A. London, of Carlton, elected Honorary Attending Medical Officer to the Melbourne Hospital for Sick Children.

Stewart, Robert, M.B. et Ch. B. Melbourne, to be Public Vaccinator for Hindmarsh South Australia.

Stewart, Robert, L.R.C.P. et R.C.S., Edinburgh, to be Public Vaccinator for the districts of Smythesdale and Scarsdale, Vic., vice Dr. F. F. Jordan resigned.

Stirling, Edward Charles, M.D., F.R.C.S.E., appointed Honorary Medical Officer to the Adelaide Hospital.

Towie, Frederick William, M.R.C.S.E., L.S.A., London, to be Public Vaccinator for Drysdale, vice Dr. W. M. Lyttleton resigned.

Turnour, C. C., Surgeon, to be Resident Government Medical Officer for the district of Swan, Western Australia.

Walsh, William Butler, F.R.C.S. Ireland, M.D. Dublin, to be Acting Public Vaccinator at Kew, Victoria, during the absence on leave of Dr. T. S. Ralph.

ASSOCIATION INTELLIGENCE.

NEW SOUTH WALES BRANCH.—ANNUAL MEETING.

The annual meeting of the New South Wales Branch of the British Medical Association was held on Friday, March 31st, in the Royal Society's Hall, Elizabeth street. Dr. Fortescue, vice-president, occupied the chair, and the following members were present:—Drs. O'Reilly, hon. treasurer; Maclaurin, Watson, Markey, Power, C. Dixon, T. Dixon, Bestic, G. Renwick, Quaife, Marano, Warren, Hogg, Marshall, Mackellar, De Vine, Norrie, Schutte, Brady, Evans, junr., Shewen, Belgrave, Pickburn, Hurst, Milford, hon. sec., and Dr. Wrigley, a member of the South Australian branch.

The CHAIRMAN delivered the following

VICE-PRESIDENTIAL ADDRESS.

Gentlemen,—I see that an address by the vice-president is announced as one of the pieces of resistance at this the first meeting of the third session of our society. I should be sorry to be the occasion of falsifying any of the predictions of our usually most accurate honorary secretary, but really I must confess that I have nothing worthy of the name to give you. I should have been glad indeed to have had the ability or the leisure to have written and delivered such an address, comprehensive, satisfactory to myself, and a credit to our branch; but all I am able to do on the present occasion is to give a passing glance backwards over the work of our last year, with perhaps a few words of remark upon our position, and upon what I conceive should be the scope and object of our society in the future. The last has been with us on the whole a useful and prosperous year. The roll of our members, though quite too small as yet, and out of correspondence with the large number of medical practitioners in this colony, has grown from 50 to 74. Four of our members have been taken from us by death. One, our president, at the close of a long life of honour and usefulness, has passed to his rest; and Dr. Hodgson, a most amiable colleague, and devoted to his profession, has succumbed early in life to phthisis. Of the other two, Dr. Alston, in the prime of his very uncommon powers, and in full success of practice; and Dr. Hastie, at the threshold of a promising career, have died—giving an example to us of devotion to work, but a warning in each case of the folly of neglecting the physiological necessity of rest. Several important measures have been discussed or inaugurated. Our existence has been recognised by the public; we have been accepted as in some measure representative of the opinions of the profession, and we have on several occasions brought our views, by interview or deputation, before the Government or members of Parliament. Papers of more or less interest have been given us by our late President, Drs. Fiaschi, Marano, Belgrave, Fortescue, C. Dixon, Mackellar, and Dr. Milford, which have been followed in most instances by interesting and lively discussion. Dr. Marano's paper on the compulsory registration of infectious disease led to action being taken by the Branch on the subject and the appointment of a deputation to explain our views upon it to the Colonial Secretary. On the general question nothing has been done, but the fact that a case of smallpox had been attended by one of our members up to death without notification to any authority whatever, brought out a strong and unanimous expression of opinion as to our duties in similar cases, and was no doubt the occasion of the passing of the first instalment of the desired measure in the Act for the compulsory registration of smallpox. We owe to Dr. Jockel a discussion on the miserably inadequate scale of fees paid to medical witnesses on coroners' inquiries in the country, and the appointment of a committee to review the matter, and the suggestion by it of a fairer rate of remuneration, which is likely to be adopted. A special general meeting in the view of the spread of smallpox amongst our population, very imperfectly protected by vaccination, was held to discuss the subject of vaccination, and the advisability of putting us abreast of most other civilized communities by the introduction of a bill to make vaccination compulsory. Conclusions strongly in favor of such a bill were unanimously adopted, and again a deputation was appointed to enforce our views upon the attention of the Colonial Secretary. Nothing as yet has come of our representations, and this matter and the preceding one of the compulsory registration of disease still require the vigilance and the attention of our Branch. A committee was also appointed to consider and to report upon the working of the Friendly Societies' Act, and it was hoped its recommendation might be of help in the determination of several questions of importance under this head to the committee of the House of Parliament sitting upon this subject. Its report has been received,

but for reasons hereafter to be given, not adopted by the Council. A deputation was formed to request our colleague, Dr. Tarrant, to draw the attention of the Colonial Secretary and the members of Parliament to the importance of limiting the alcoholic strength of wines to be sold under the colonial wine license clause, and to protect from the operation of the new licensing Bill non-intoxicating liquors though fermented. A very important subject this, with a very obvious relation to the health and sobriety of the community. The strength was finally fixed at 26 per cent. proof spirit for maximum, and 3 per cent. for minimum—an arrangement reasonable enough, and founded on scientific principles; but unfortunately owing to the difficulties of inspection, the fiscal liabilities of the small manufacturers of fermented liquors of slight alcoholic strength, and which will not bear transit, are much greater in proportion than those of the large. And lastly, a conference with the medical section of the Royal Society was arranged to discuss the recent appointments to the University chairs, in which we, as medical men, were interested, but at which no recommendations were made, as the attendance at the meeting was not considered sufficiently representative. The establishment of an accredited organ for the associated Australasian branches is a matter for congratulation, and the final acceptance of the editorship by our esteemed honorary secretary is another illustration of the readiness with which he sacrifices personal and pecuniary considerations to the advantage of our art, and the interests of the medical profession. It has been thought desirable to retain a local supervision of the conduct of the paper, without pecuniary liability, but circumstances have occurred which show that the duties and authority of the editor-in-chief require definition, in order to avoid possible clashing with those of the local editors. The AUSTRALASIAN MEDICAL GAZETTE appears a well got-up and promising periodical. It has already published several articles of considerable merit, and clearly supplies a long-felt want. It is to be hoped that a new session may bring with it a much larger measure of support, and a great increase in the number of subscribers among the members of the Australian branches. Such is the outline of work done, or attempted by us during the past session—very important work some of it, still more important, perhaps, in the existing, or let me say (for the dawn of better things is approaching), in the past state of the profession in New South Wales, that we should have united to do it, and should have shown some solidarity upon matters of general professional concern. Two of the measures of great moment in relation to the health of the community, and in which we, as medical men, must take a deep interest, namely, the compulsory registration of infectious disease and compulsory vaccination, are in the stage of inception merely, the battle has yet to be fought, and a vast weight of ignorance and prejudice cleared away; it is one part of our duty to second the efforts of the newly formed board, now in charge of the health matters of the colony, and to educate the popular mind upon these and similar subjects belonging to hygiene. The stream of science, gentlemen, gathered upon a thousand heights of observation, and fed by countless rills, flows majestically and increasingly onward, and the fact of the extension of the British Medical Association confederation to these colonies is one proof among many, that even our heretofore almost stagnant waters are beginning at last to move and draw towards the current; in the chief centres of medical knowledge in Europe and America the utmost activity prevails in all departments—theoretical and practical—of our art; and great as have been the triumphs of the past, and great as are those of the present, greater still appear not indistinctly in the immediate future, especially in the direction of the prevention or modification of zymotic and septic disease through newly-acquired knowledge of their mechanism and ultimate causes. The advance has been general, and along the whole line; with it has come an evident extension of the social influence of the profession, an acknowledgment of its just claims, and a deference to its opinions in recognition of the truthfulness and earnestness of its work. What has been done by us in helping to swell the tide of knowledge, and in repaying to our Alma Mater some portion of the debt we owe her? Much has not been expected of us; an ignorance of our condition here prevails, and we are commonly supposed to occupy a very *Ultima Thule* of science; not, indeed, very much. We have usually been content to take a distant and admiring view of what is being so energetically prosecuted on the other side of the globe—to accept the practical outcome, but to take little part in it ourselves; we have been ready to receive the material advantages resulting from the labours of those unselfish workers in science, but had made as few sacrifices as possible in the same direction. The tendency to scientific effort has been little evident; the popular art of pleasing

has taken quite the first place; union and *esprit de corps* have been singularly wanting, and the result has not been favourable to the standing and public estimation of the profession in this colony. In truth, our credit demands—and I appeal to our younger members especially on this point—that something of sustained scientific work should be attempted. It is remarkable how little in this way has emanated from distinctly Australian sources. With the distinguished exception of Dr. Bancroft, of Brisbane, who in the brief intervals of professional leisure has had time to become an original discoverer in helminthology, and a first investigator of the properties of some remarkable Australian vegetable productions; Dr. Bird, of Melbourne, a recognized authority upon a peculiarly Australian subject, hydatids; and Dr. Day, of Geelong, whose chemical and physiological researches are known outside the Australian area, little has been done by us, even in the domain which is ours by local inheritance; and such subjects as the medical climatology of Australasia and the therapeutic properties of the vast flora of our island continent have been almost untouched; and this notwithstanding the fact that there are many among us who in their early career were known as close observers and promising students, and who certainly, had they remained in the working centres of science, would have made some mark on the path of scientific progress. The reason is not far to seek. Something may be put down to the non-existence of a school of medicine here, and the absence of those incentives and opportunities which such a school brings with it. This cause has been removed by the wise though tardy liberality of the Legislature in endowing several chairs and lectureships upon medical and allied subjects; and it is the bounden duty of those of us who can to secure, in every possible way, the success of this much needed and long desired project. But chiefly it has been our isolation, and the want of inducements such as a society like ours offers to take us from ourselves and to unite us in matters of common interest and scientific pursuit, and to substitute the generous emulation of scientific fervour for the mere business of money-making, and the selfish rivalries of practice. Gentlemen, both in science and socially, we have as yet achieved little, because we have had as individuals too much isolation, and I am sure that the thing most important in our meetings is the encouragement of friendly feelings and of mutual goodwill; the removal by our association in matters of common professional concern of those unreasonable antagonisms and misunderstandings which come of isolation, and which disappear in the light of friendly contact and brotherhood like mists before the light and warmth of the rising sun. Gentlemen, it does not need a prophetic eye to see that with us this evening a new and brighter era begins.

Dr. O'REILLY, the hon. treasurer, read the following statement of accounts for the period commencing 1st January, 1881, and ending 31st March, 1882:—Receipts: Credit balance in bank at end of last year, £16 15s. 11d.; subscriptions—51 members at £2 2s.—£107 2s.; one member at 19s. 6d.; total, £124 17s. 5d. Disbursements: subscriptions—50 members—to *British Medical Journal*, £56 5s.; clerk's salary, £13 15s.; stationery, &c., £20 4s. 7d.; sundries, £11 12s. 4d.; balance in bank, £23 0s. 6d.; total, £124 17s. 5d.

The statement was adopted.

The election of officers was then proceeded with. Some discussion ensued, upon a point raised by Dr. Mackellar, as to whether a ballot paper would be formal which contained less than the number of members of council to be elected. Eventually, on the motion of Dr. Mackellar, seconded by Dr. MacLaurin, it was resolved that such ballot papers would be formal, the resolution, however, to apply to that meeting only. The following gentlemen were elected members of Council:—Drs. Fortescue, Warren, Tarrant, Brady, Mackellar, O'Reilly, Milford, Marshall, Marano, and Quaife. The following officers were then chosen:—President, Dr. Fortescue; vice-president, Dr. Milford; hon. treasurer, Dr. Quaife; hon. secretary, Dr. O'Reilly; auditors, Drs. Pickburn and Craig Dixon.

After some formal business the meeting closed.

AN AGREEABLE ADDITION TO TINCTURE OF THE CHLORIDE OF IRON.—Dr. Reed, of Montreal, says that the addition of Citrate of Potassium to tincture of iron will disguise its, to many, unpleasant taste. For a tablespoonful dose containing ten minims the prescription may be: Tinct. ferri chlor., 2 fl. drachms; Potass. citrat., 1 drachm; Syr. limonis, 1½ oz.; aqua ad., 6 fl. oz. Another advantage of the mixture is that astringent tinctures, as bark, gentian, &c., may be added without decomposition.

OUR MELBOURNE LETTER.

MELBOURNE, March 30.

The Melbourne Hospital excitement has a little subsided. Dr. Youl has gained his point, and the committee have, for the present, accepted the inevitable and submitted to it. The building, however, will not be pulled down, but perhaps it will be swept if not garnished. The staff will set to work and try to remedy the evils complained of, and so the mortality will haply be a little lessened. Now, however, another subject has been started, namely, the Dead House subject. The *World* has attested that the viscera of patients who are examined in the Dead-house are not always buried with the rest of the bodies to which they belong. Also, that the limbs which are amputated in the operating room, are economically interred with the bodies of pauper patients. All of which statements may be true enough, but what then? Half the persons who die in the hospital are buried at the expense of the State, and surely, if they are interred in instalments, what possible wrong is done? That the feelings of survivors should be regarded is reasonable enough; but, for the most part, they have no survivors. They have been ministered to at the public cost, they are buried also at the public cost, and yet because the pathologist finds it sometimes expedient to reserve an organ for examination, the practice is made the subject of an article headed "Revolted Disclosures." It seems as if the average world were yet in the infancy of its mental development, and could not comprehend how much it owes to those cultivators of medical science, who, from time to time, add to the sum of pathologic knowledge, by putting on record their observations of diseased organs. We find the same stupid obstructiveness in the committee of the Benevolent Asylum, who refuse to permit the bodies of paupers dying in that institution to be used at the Medical School for anatomical purposes.

And our variola excitement is also past. Dr. Bulmer is once more left to the contemplation of the sky, the ocean, and the dreary sandridges at the Quarantine Station. He has probably learned a little by the experience the "Garonne" brought him, and when another cargo of small-pox is imported he will be prepared to receive it with some sort of self-possession. The subsidence of the vaccination ardour is bad for Dr. Barker, but he, perhaps, lives in hopes that the ardour will revive.

Mr. Gillbee has started a further controversy on the excessive use of stimulants in the Melbourne Hospital. He says the patients are so drugged with brandy that when they go out of the hospital they drink by reason of the habit they have therein acquired. The charge is a serious one, but as Mr. Gillbee has had a long experience of the workings of the institution, and knows thoroughly well the practice adopted within its walls, he does not speak rashly. The subject thus started may suggest the consideration of the much larger question of how far we have not erred in the direction of excessive alcoholism in our progress from the depletory practice of former days. It cannot be denied that the adherents of the stimulating method have resolutely determined to see only one side of the question; and we may, therefore, one of these days reasonably expect to see a reaction from the brandy treatment, if not the lancet and tartar-emetic, at any rate to easily assimilated food in place of spirituous liquors.

The medical evidence required in the recent actions arising out of the Jolimont railway accident, has given rise to comments not in all respects complimentary to the profession. But until the non-medical mind is able to comprehend what is meant by a neurosis, resulting from concussion, the effects of which are not always obvious, such comments will be made. It is, however, not unsatisfactory to note that there has been less of conflicting medical testimony in these actions than usual. And that this is a good sign indicative of a better understanding among us, no one can doubt.

The Medical School of the University recommenced its work a fortnight ago without any remarkable event to signalise it. It was hoped that this year, there would have been some commencement in the direction of an address to the students, as a whole; but the occasion was not taken advantage of after this fashion. The last meeting of the medical faculty was called for the purpose of considering certain alterations desired by the students in the times of the lectures, these alterations being rendered necessary to enable the students to attend their hospital practice. In the course of the discussion which the question evoked, it was made clear that the staff of the Melbourne Hospital in no way recognise the existence of the Medical School, and practically refuse to comply with any conditions which might result in procuring the coalescence, so far as the student

is concerned, of the two institutions. As a partial remedy for this lack of harmony, it was suggested by the Dean of the faculty, that the lectures should be given at the hospital. This proposition, however, has as yet been made, and it is well-known that the Vice-Chancellor is strongly opposed to it, and would oppose it to the utmost in the Council. It is now seen what a good chance was lost fourteen years ago, when it was proposed to build the Alfred Hospital in the University grounds, so as to make the school and the hospital virtually one institution.

Charlatanry very much flourishes in Victoria. Ever since it was judicially declared that the Medical Act was a dead-letter, quacks have sprung up in all directions. One of the latest of these calls himself a "Medical Clairvoyant, and Herbalist." Another describes himself as a psychopathist, and publishes long lists of "cures." Another cures deafness of all kinds for sixpence. Another has an infallible specific for "Rheumatism, white swellings, ulcerated throats, sore eyes, neuralgia, bad breasts, gravel and morbid fancies." The red-flannel man is not at present in Melbourne, but a great many people are understood to be waiting for him. The Marchioness of Normanby having given her patronage to the homœopathic bazaar, it is quite to be expected that charlatanry should thrive, and, of course this recognition is made the most of.

The Pharmaceutical Society have made different arrangements respecting the establishment of their school of pharmacy, the superintendence having been taken out of the hands of Mr. Cosmo-Newbery and placed in those of Mr. Kruse. The reason of the change is not apparent; but it would be a source of much regret if the change resulted in detriment to the school. And this result is a good deal feared.

The stinks of Melbourne have of late been receiving a good deal of attention and several nasty people have been fined for discharging foulness into the gutters. But the inspection is only transitory and we shall go back to our vileness.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 2s. 6d. which should be forwarded in stamps with the announcements.

BIRTHS.

- BENNIE.—On March 9, at Daylesford, Vic., the wife of Dr. P. B. Bennie, of a daughter.
 BRERETON.—March 14, at Richmond-terrace, Domain, Sydney, the wife of Dr. Le Gav Brereton, of a son.
 HOULSON.—March 27, at Grafton, N.S.W., the wife of James Houlson, M.D. of a son.
 McKEE.—On the 10th March, at Heathcote, Vic., the wife of Dr. J. C. McKee, of a daughter.
 NORRIE.—March 20, at 177 Liverpool Street, Hyde Park, Sydney, the wife of A. Norrie, M.D., of a daughter.
 PATERSON.—March 16, at Hill Crest, Stanmore Road, Petersham, near Sydney, the wife of Alexander Paterson, M.D., of a daughter.
 PHILIP.—March 27, at her residence, Ivelhurst, Devonshire Street, Surry Hills, Sydney, the wife of Dr. Alexander Philip, of a son.
 WARREN.—On March 14, at Omeo (Vic.), the wife of B. K. Warren, L.R.C.S.I., of a daughter.
 WARREN.—On March 25th, at Ohio Villa, Church Street, Richmond, Melbourne, the wife of Dr. W. Warren, of a son, prematurely.
 WEBB.—On March 20, at East Street, Ipswich, Queensland, the wife of Dr. E. R. Webb, of a daughter.

MARRIAGES.

- HIGGINS—BRETON.—On the 25th March, at the residence of the bride's father, Wentworth, N.S.W., by the Rev. S. Robinson, B.A., W. L. Higgins, to Agnes Cecilia, eldest daughter of Henry Breton, M.D.
 McDONALD—TRACEY.—On the 8th March, at Warrnambool, Victoria, by the Ven. Archdeacon Beamish, assisted by the Rev. W. Swinborn, Arthur Henry, son of Alexander McDonald, of Sydney, to Adelaide Ethel, youngest daughter of the late Dr. Tracey, of Melbourne.
 SCALE—LEARMONTH.—March 2, at St. David's Church, Dobroyde, Ashfield, Sydney, G. J. Scale, M.R.C.S., L.S.A., Burwood, N.S.W., son of E. W. Scale, Aberdare, Glamorganshire, to Sara, eldest daughter of the late Alex. Learmonth, of Yassar, Ashfield.
 TURNER—PEEL.—On March 15th, at St. Luke's Church, Richmond, Tasmania, by the Rev. H. W. Huggill, William Frederick Turner, of Hobart, eldest son of Dr. Charles Turner, of Richmond, to Charlotte Peel, formerly of Hobart.

DEATHS.

- BAILY.—On February 27th, at Robe, S.A., Frederick William Baily, M.R.C.S.E., L.R.C.P., Lond., of Norwood, aged 31 years.
 BIRD.—On March 24th, at 156 Collins Street East, Melbourne, after a short illness, of inflammation of the brain, Susan, wife of S. Dougan Bird, M.D.
 BOWIE.—In February, at Otepopo (Prov. Otago), N.Z., Thomas Bowie, M.B. et Ch. M. Glas., 1877.
 DUGAN.—March 2, at Pitt Street South, Sydney, Edmond John Dugan, M.R.C.S.I., aged 64.
 ELMSLEY.—On March 12, at Kihikihī, Waikato, after a brief illness, Arthur Colin, second son of Dr. Jas. Elmsley, of Otauhuhu, N.Z.
 RODGERS.—On March 5, at Bombay Settlement, Auckland, N.Z., John Rodgers, M.R.C.S.E., 1863; L. et L. Mid. R.C.P. Edin., 1864.

CORRESPONDENCE.

FROM A NEW ZEALAND CORRESPONDENT.

TO THE EDITOR OF THE AUSTRALASIAN MEDICAL GAZETTE.

SIR,—A more intimate acquaintance with the Greek authors would be advantageous, for it appears that in reality, "There is nothing new under the sun." Dr. Jamieson in his instructive article on "Disinfectants," states that sulphurous acid is one of the most reliable disinfectants for practical purposes. It must have been known long before Homer's time, for in the *Odyssey*, book 22, line 555, we find, "Bring sulphur, the remedy of evils, old woman, and bring me fire that I may fumigate the palace." Again, sulphate of copper is used by several practitioners in diphtheria, returning to the unguentum ægypticum, as described by Hippocrates in his *Epidemics*, book 5, paragraph 37.

The case of Smith v. Iflla has produced a kind of a panic amongst medical men, who evidently seem to have the £520 damages before their eyes. In the south island a man was remanded by the magistrate for medical examination as to his sanity. The medicos, having the above case before their eyes, seemed afraid of certifying that he was insane, he was discharged, and found dead the next morning. This case has placed medical men in a curious position; if they certify that a man is insane they are liable to be fined hundreds of pounds, and on the other hand, if they say that he is sane and he afterwards commits any crime, I suppose they would be equally held liable. A jury are now to have the power to decide on a man's sanity, irrespective of an expert's opinion. There is something radically wrong in the way in which man's sanity, or insanity, is proved. I will give two cases from my own practice. The relatives of a man inform the police that he is insane, that he has nearly killed his daughter, and committed other acts of violence, and that no one is safe near him; that he has suffered from epilepsy for years, and has been in a lunatic asylum, and that he is always violent before fits come on. He is brought before the magistrate and remanded for medical examination, and is placed in a cold stone cell. By this time effects of the fit have passed, and the medical men can find no evidences of insanity. The next morning he is discharged to kill or injure any of his relatives. A second case:—A jealous passionate man having committed some acts of violence, is handed over to the police by his relatives, he is placed in a stone cell all night, and is examined the next morning and found to be very violent in his language at both the treatment of his friends and the police, and threatens what he will do when he is let out. He is certified as insane. If the examining physician asks for a remand so that he can visit the man so as to have a better opportunity of arriving at a conclusion, he is told that the unfortunate man will have to be kept in the stone cell, as the magistrate has no power to send him to the asylum except with the two certificates. I would make the following proposals:—1st. That a suspected insane man be examined twice before he be finally committed as a lunatic, at intervals of one week. 2nd. That on the first certificate he be placed in the asylum for safe keeping. If the above precautions were to take place, I feel sure that our lunatic asylums would not be so full as at present, and it would relieve medical men of a grave responsibility. I would ask why are medical men more than barristers legally responsible for their opinion? N.Z.

DR. BULMER'S SMALLPOX EXPERIENCE.

TO THE EDITOR OF THE AUSTRALASIAN MEDICAL GAZETTE.

SIR,—In reading over your new but valuable MEDICAL GAZETTE, for March 15th of this year, I observe a reference is made by your Melbourne correspondent to the Health Officer (Dr. Bulmer), at the Sanatory Station.

Without giving this gentleman too much credit in being able to acquire valuable experience for himself and the colony of Victoria—and certainly he may, no doubt, have gained new experience, the same as the medical officers are doing with erysipelas in the Melbourne Hospital—yet, at the same time, allow me to state that the successful issue of only one death was mainly due to his previous and largely-acquired experience in one of the neighbouring colonies some years ago with, I may state, ten times the number of cases which have occurred here.

In justice to this gentleman permit me to draw your attention to the Blue Book of New Zealand, 1871-2-3.

I should not have troubled you with these remarks had not the Melbourne correspondent hinted in his remarks as if the medicos' whole stock of knowledge was solely acquired in the small beehive of Victoria. I am, Sir, yours, &c.,

CENSOR.

CONTRIBUTIONS TO THE VITAL STATISTICS OF AUSTRALIA.

By JAMES JAMIESON, M.D.,

Lecturer on Obstetrics, and Diseases of Women and Children,
Melbourne University.

I.

ON THE FREQUENCY OF ABORTION IN VICTORIA.

It is not easy to obtain reliable figures with reference to the frequency of abortion. No help is to be got from the returns of the Registrar-General, or from the reports of lying-in or other hospitals. Most of the estimates to be met with are, in fact, either mere guesses or comparisons of the number of premature births, met with in practice, with that of labours at the full term. Any comparison of this sort is apt to be fallacious, many miscarriages being completed without medical aid being called for. If proof of the utter unreliability of any such estimate were needed, it is to be found in the experience of different persons, as given by Churchill (*Midwifery*, 4th ed., p. 167), according to which the proportion varies between 1 in 12 and 1 in 189. The only trustworthy statistics with which I am acquainted are those of Dr. Whitehead, first published in 1847, in his book "On Abortion and Sterility," and afterwards on a larger scale in the *Medical Times and Gazette*, for 1862, vol. II., p. 625.

Without at all questioning the trustworthiness of Whitehead's figures, I had an impression, derived from my own observations, that they did not correctly represent the frequency with which abortion occurs, now at least, and in this country. I began, therefore, to make inquiries among the women attending as outpatients at the Melbourne hospital. My results may properly be compared with those got by Whitehead, as they rest on figures obtained from women belonging to similar classes of society. They may not admit of a very detailed comparison; my figures being so much smaller than his; but, on the main points, they may be used with safety. My information was obtained from 500 women, all married, who had been pregnant once or oftener. They were taken just as they presented themselves, without selection, and so may be considered as fairly representing the class of persons to which they belonged. Care was taken to make sure that they understood what was wanted, viz., how many times they had been confined at or near the full time, and how often they had suffered a miscarriage. I did not think that any good purpose would be served by trying to discover the exact period at which the miscarriages were supposed to have occurred.

The total number of pregnancies among these 500 women amounted to 3113, and of these 566 ended prematurely. The abortions, therefore, bore to the natural labours the proportion of 1 to 4.5, or 18.1 per cent. of the whole. The number of those who had aborted once or oftener was 262, the average of abortions to each being therefore 2.16. Taking the whole 500 women together it appears, that they averaged 5.09 births at full term each, and 1.13 abortions.

When we come to compare these figures with those of European authorities, it is evident that premature expulsion of the ovum is excessively common among the women of this country. According to Professor Hegar, of Freiburg, whose estimate is accepted by Schroeder, the proportion of such premature births to those at full term is 1 to 8 or 10; and this agrees very closely with the last results published by Whitehead, which showed, among 5,000 women in Manchester, an average of 5.20 pregnancies, 0.53 of them premature, or about 1 to 9. In so far, therefore, as my figures are to be trusted, and I think they are large enough for the purpose, it appears that abortion is twice as common here as in Europe.

A more detailed comparison of my results with those of Whitehead is not easy; and especially for the reason that all the women, of

whom he took account, were within the childbearing period, and many of them young, as shown by the average age, 30.36 years; while quite a large proportion of my patients were past the change of life. He found, however, that among women of 40 years of age and upwards the average of abortions was 1.28 each, representing 15 per cent. of their whole pregnancies. Among the same class I found the average to be 1.48 each.

Respecting the number of times each woman aborted I found that, of the whole 262,

120	aborted once.	4	aborted six times.
63	" twice.	1	" seven times
42	" three times.	2	" ten times
15	" four times.	1	" thirteen times.
14	" five times.		

While these figures may fairly be taken as showing the relative frequency of the lower numbers, they are not sufficient to do the same for the higher. The woman who had aborted 13 times had also been delivered 8 times at the normal term, or 21 pregnancies in all. The largest number of abortions that I have known was 15, also with 8 natural labours, though even this case can scarcely be called remarkable, when brought into comparison with one related by Dr. Oldham in *Guy's Hospital Reports* for 1847, of a woman who had aborted 23 times, besides being delivered of 5 children at or near full term.

I do not propose to enter on any discussion of the pathology of abortion, of the conditions which, favouring its occurrence, may be called its predisposing causes. There is one point of considerable interest, however, which came out in the course of the inquiry, and may be shortly referred to. It is the general opinion, I think, that the liability to abortion increases in proportion to the frequency with which a woman has previously been delivered. Now it may be admitted, that a multipara is more likely to miscarry than a primipara, and that older women show a higher average of abortions than younger ones. But that is a different thing from saying, that abortion is relatively frequent in women showing a high rate of fertility, in the restricted sense of being the mothers of a large number of fully developed children. The figures now to be given show that this is not the case, and, if the result obtained from them is confirmed by a larger collection of cases, it would prove, what is perhaps on other grounds probable, that the chief predisposing causes of abortion tend to prevent impregnation, even more than to take their origin in its frequent occurrence. The whole 500 women had been delivered, on the average, 5.09 times at or near full term, and I divided them into those above and those below that average, with the following results. Those who had 6 children and upwards numbered 180, the total normal pregnancies among them amounting to 1550, or 8.6 each; the total number of abortions being 223, equal to 1.23 each, or a proportion of 1 to 6.99. The remaining 320 women, with 5 children or fewer, made up 997 normal pregnancies, or 3.11 each, their abortions numbering 343, equal to 1.07, or a proportion of 1 to 2.90. Of the 320 there were 9 who, without ever reaching full term, had suffered a total of 25 abortions (1, 1, 2, 2, 3, 3, 4, 6), and, even if these be removed from the list, it still appears that great fecundity does not, by itself, increase the liability to premature interruption of pregnancy.

I think it may be laid down as a rule, that abortion does not readily occur, unless as the result of actual violence or of some acute disease, in a woman whose uterus, at the time of impregnation, was in a normal condition as regards form, position and structure. If this be so it follows that, in the frequency of abortion, we have indirectly a measure of the frequency of uterine disease. It is a common impression among medical men that uterine affections are common in this country; and the general conclusion arrived at in this paper may be taken as supplying some confirmation of the correctness of that impression. I do not forget, of course, that chronic uterine affections of various kinds easily take their origin from a neglected abortion. It might perhaps be possible, by a similar inquiry, to get some sort of proof or disproof of the opinion that diseases of the female generative organs have become more common of late years. There are fashions in medicine, and it may be, that the present great amount of activity in the field of gynaecology might get a partial explanation in this way. If a similar inquiry to that made by Dr. Whitehead were conducted in England now, help might be got towards the settlement of this point. The results obtained would at any rate be interesting, and might even be not without practical value.

COMPOUND COMMINUTED FRACTURE OF THE SKULL. TREPHINING—DEATH.

By HENRY GEORGE HORACE NAYLOR, L. et L. Mid. R.C.P. et
R.C.S. Edin.,

Honorary Surgeon to the Campbell Town Hospital, Tasmania.

John Roberts, ætat 56 years, a powerful-looking labouring man, was brought to the hospital on the evening of the 24th February last with a wound on the head, and was seen by the stipendiary surgeon. The next morning I was sent for, and on examining the head found a scalp wound about an inch and three-quarters in length, of irregular shape, communicating with a depressed fracture of a portion of the left parietal bone, near the junction of the sagittal and occipito-parietal sutures, the fractured piece being about an inch long by half-an-inch broad. The man was quite conscious and seemed quiet, but complained of great pain in the head. Considering the nature of the fracture and the weapon that inflicted it, which was shown us (the head of an English axe, the striking part being the blunt jaw of the eye) I suspected splintering of the inner table, and decided to trephine, in order to see and remove any pieces of loose bone from inside the skull, which might cause mischief if left there. After taking his depositions, which he gave clearly, my colleague anaesthetised him with chloroform. On pressure I found the depressed piece of bone firmly wedged in so that it could not be elevated. I fixed the centre pin on the parietal bone near the upper end of the fracture, and removed a piece immediately adjoining, a portion of the ring consisting of the depression caused by the fracture. I then removed the depressed piece with a forceps and introduced my finger into the free opening left, and found the dura mater and brain pushed away by a collection of sero-sanguineous fluid to the extent of an inch all round, and several small pieces of bone from the inner table lying in this space, all of which, to the number of eight, I removed. After gently removing the fluid with a sponge, and finding no bleeding, I brought the ends of the crucial skin flaps together with two stitches, and dressed the wound with a light pad of lint soaked in weak solution of carbolic acid in water. The man recovered consciousness in a few minutes and spoke to us. He was then put to bed, and instructions were given to wet the dressing frequently with the carbolic lotion. In the evening his temperature was 102.4 deg. F., and he seemed restless. Was ordered a mixture of Tincture of Hyoscyamus in half-drachm doses every four hours.

On my morning visit I found he had slept pretty well. I did not disturb the dressing. In the afternoon sickness came on, which could not be relieved, and which lasted two days. The temperature was about 102 deg. F. during this time. On the third day he lost power of speech, and facial paralysis of the right side occurred, but he was still conscious. The wound looked very clean and healthy, and there was no bulging at all. On the fourth day he was unconscious and remained so, gradually sinking, till he died on the fifth day after the operation.

Remarks.—As a rule it is better to avoid operating when there are no pressure symptoms with a depressed fracture, but the nature of the wound and the weapon led me to suspect what I found after removing the trephined piece, namely, pieces of splintered bone inside the skull. Considering the force of the blow, the weight of the weapon, and the extent of injury, it was extraordinary that the man retained his consciousness for four days. The right facial paralysis is explained by the fact of the fibres of the portio dura decussating, and the loss of speech may have been caused by the occurrence of aphasia, as well as motor paralysis of the tongue.

Autopsy.—On removing the calvarium the dura mater was found to be very slightly lacerated, there was no purulent matter or blood on its surface. Under the dura mater and on the surface of the pia mater there was a greenish purulent collection, the brain substance being softened to some extent all round. About two ounces of serous fluid was found at the base and some in the lateral ventricles. The membranes were highly congested throughout, and the sinuses very full. The lungs were healthy, heart fatty, valves healthy, ventricles contained a little fluid blood.

Stomach.—Mucous membrane pale. On the posterior surface, near the pylorus, was a growth which looked uncommonly like carcinoma. Liver rather pale and fatty; kidneys healthy.

THREATENED CASE OF INTUSSUSCEPTIO ARRESTED BY THE TIMELY USE OF BELLADONNA.

By WALTER O'REILLY, Sen., M.D.,

Acting Medical Officer to the Hospital at Hill End, N.S.W.

The patient, a Chinaman, of dull and lethargic habit, recovering from the effects of a compound diagonal fracture of both bones of the leg, was taken suddenly on the night of December 8th with colic pains and tenderness of the left side, referable to the sigmoid, some hardness and fulness, but without appreciable distension, was observable. The bowels for some days had been disposed to inaction, for which opening medicine of some kind had been given, but without effect. The difficulty in obtaining a statement of his exact suffering left us to diagnose inferentially by the anxious cast of countenance, rapid and small pulse, little or no fever, coated tongue, and his pointing to the iron knob of the bedpost as indicative of what he felt when placing his hand at the same time on the seat of trouble. The urine was scanty, the thirst not excessive, and vomiting occasionally.

The matron, a most indefatigable attendant, and who seconded my efforts assiduously, had given an anodyne and been applying hot poultices and fomentations, &c., through the night, which were still continued, with enemas, while the internal treatment consisted of half-grain doses Ext. Belladonna, liquified with Aq. L. Cerasii and Tinct. Hyosciami, in a convenient vehicle, every half-hour and hour. In the course of the day, finding no improvement and the liquid at first rejected but afterwards retained, I placed the patient under one grain doses every hour in the solid form, with Ext. Hyos. Opium, and Blue Pill, but took the precaution at my last visit to fill the intestine with the enema till the man's "too muchy big" gave notice of his feeling it. By "easing off," and waiting till resistance ceased, I filled the tube to its safe capacity. As the case progressed the intervals between the doses were lengthened on finding the usual effects of the Belladonna. During the evening, I was informed relief had been obtained, the bowels freely opened, and the pain and tenderness subsiding.

I ascertained subsequently that some small nodules, but few in number, had come away, and not in such quantity or compactness by agglomeration or otherwise as to account for the bad symptoms.

He had taken twelve grains in as many hours. On my first visit a Calomel and Rhubarb powder was given but not retained. The vomiting returned time and again, ceasing, however, when coming under the influence of the Atropa.

Having witnessed the benefit of Belladonna—in a serious case of obstruction some years since in a female living at a hot place like Cooktown, where complete impaction had taken place, the indurated masses continuing to come away for days, and on a prior occasion in Sydney, where stercoraceous vomiting was going on in a young man, Dr. Fortescue, who was called in consultation, recommended its trial, and the patient recovered—I have not delayed its use when the dreaded signs of obstruction too long continued begin to present themselves.

Seemingly in some cases, and where the graver symptoms do not always make their appearance, scybalous accumulations occur in those who are small eaters and living principally upon a cereal and farinaceous diet, and the atmospheric temperature in excess of the normal heat commensurate with a comfortable existence, the circulation has to give up to one surface, the external, what it takes from another, the internal, its "watery portion." Much might be said and written about this, but we are not all "novices." To my mind, where we have the antidote an early exhibition of Belladonna can be trusted in, especially when the seat of life and the mind are already sounding the tocsin in the failing heart and anxious face, as light-houses on a dangerous coast. But I should like a wiser head than mine to ventilate "How the atropa acts," as in some case of habitual constipation the preparation, in every respect genuine, does not act upon the canal, although recommended, but perhaps I have not succeeded in securing the most suitable cases, or is atropine "impeccable?" I have not tried it—perhaps some gentleman has, and will not object to publish his views.

PHYSIOLOGICAL EFFECTS OF DUBOISIA ON THE EYE.

By GEORGE FORTESCUE, M.B. Lond. et M.R.C.S. Eng.,
Consulting Surgeon to the St. Vincent's Hospital, Sydney.

E. F., age 30, right eye V = $\frac{20}{20}$. Acc = $\frac{1}{3}$. Internal rectus overcomes prism of 10' external of 5', infer of 3'. August 30th, 1877. After instillation of two drops of watery extract of Duboisia, sent to me for experiment by Dr. Bancroft, of Brisbane, at 1.23 p.m. In ten minutes pupil widely dilated, about $\frac{3}{4}$; reads No. 1 Jaeger at 4 inches. In fifteen minutes at $5\frac{1}{2}$ inches. In twenty-five minutes No. 1 Jaeger indistinct at any distance; reads No. 2 Jaeger, not nearer, but 18 inches. At thirty minutes accommodation completely paralysed, and 14 Nellen cannot be read nearer than about 24 inches; internal rectus overcomes prism of 10', external of 4', infer 3'.

August 31st.—Acc. Still completely paralysed. Mydriasis a little diminished.

September 1st, 1.30 p.m.—Reads No. 2 Jaeger at 13 inches; area of pupil a little less.

September 2nd, 2 p.m.—Reads No. 1 Jaeger at 6 inches; pupil dilated about $\frac{1}{2}$.

September 3rd.—Reads No. 1 Jaeger at $3\frac{1}{2}$ inches. Acc., nearly restored; pupil about $\frac{1}{2}$ and beginning to be mobile.

It appears probable from this experiment, made upon a typically normal eye, that a simple watery extract of Duboisia acts as a mydriatic and paralysed of the accommodation at least as speedily and powerfully as the strongest solution of atroph. sulph., while on the other hand its effect in each direction seems probably less permanent.

[The above communication, describing the first *precise* investigation of the local physiological effects of "Duboisia" on the pupil and accommodation, and which has never before been published, will probably be read with interest.—Ed. A. M. G.]

PREMONITORY SYMPTOMS OF POISONING BY STRYCHNINE.

By WILLIAM JAMES BARKAS, L.R.C.P., Lond., M.R.C.S.E.
Medical Officer to the Warialda Hospital, N.S.W.

As it has been my fortune to escape from accidental poisoning by Strychnine it may not be without interest to the profession to place before it the early symptoms as felt by myself as they differed somewhat from those usually described. I dined on April 22nd, about 5.30 p.m., and about six o'clock the police brought me a poison to analyse that a man had used with the intention of killing his past master, by putting some into a fountain in which water was boiling for the purpose of making tea for breakfast. Luckily he was caught in the act of putting it in otherwise the master and about a dozen more people would have run the risk of drinking the poisoned water. The poison was brought to me (at 6 p.m. as I have stated) in a corked bottle. I at once saw it was strychnine by some detached crystals, but the general mass was paste-like from water. I made several tests and then applied my finger to the wet cork, rubbed the finger on a towel, and then tasted my finger with the result of an intensely bitter taste. I then washed my mouth out with water and had no conception that I had swallowed any of the poison. I thought nothing more about it but went out into the town. About three-quarters of an hour afterwards, on walking home, I fancied my head felt full and I seemed to trip now and then. On reaching home I was sitting talking when my head suddenly became very dizzy and full, a feeling of numbness attacked my legs, my hands began to cramp, and a cold sweat broke out. It then for the first time struck me I was somehow poisoned with Strychnine, and as everything depended on myself, I managed to stagger down to the dispensary, took a good emetic, and gave instructions to repeat every ten minutes. I vomited immediately, but very little; the second emetic had no effect; the third acted well and brought up my dinner, the first vomit this time being intensely bitter. In about a quarter of an hour afterwards the numbness in my legs had completely passed off, as well as the cramping of the hands, and by 9 p.m. I was all right. It is very evident that by some means I must have swallowed sufficient to affect the system though there may not have been enough for a fatal dose, but in my case I am inclined to the opinion that my stomach being full prevented rapid absorption and saved me at least from more painful symptoms.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF VICTORIA.

Melbourne, Wednesday, May 3rd, 1882.

The ordinary monthly meeting was held in the Society's hall, on the above date, Mr. HEWLETT, president, in the chair.

The HON. SEC. announced that arrangements were being made for a deputation to the Chief Secretary of representatives of the Medical Society and the Victorian Branch of the British Medical Association, on the subject of inadequate remuneration allowed by Government to medical witnesses.

Presentations to the Library were reported.

The following gentlemen were unanimously elected members of the society: Messrs. E. Jackson, M.B., Melb., A. C. Brownless, Jun., M.B., Melb., Chas. Dagnall Clark, M.B., Lond., L.R.C.P.L., M.R.C.S. One gentleman was nominated for election at next meeting.

Dr. BALLS-HEADLEY read a paper on the "Recent Case of Smallpox in Melbourne," giving a minute description of the case from its commencement till the eighth day of the disease, when it passed from his observation. The symptoms and their development were fully discussed, and numerous authorities were cited in support of the conclusion to which the author of the paper had come, namely that the case was one of smallpox, contracted in Adelaide. At the commencement of the illness, the pulse and temperature pointed to typhoid fever, and this diagnosis seemed to receive some support from the appearance of one rose-colored papule on the abdomen. Subsequently the papular eruption on the face excluded all but variola, varioloid and varicella. There was a probability of its being a severe case of chickenpox, but the occurrence of suppurative fever with the accompanying elevation of temperature on the evening of the 7th day, rendered it certain that the disease was smallpox.

A prolonged and somewhat acrimonious discussion followed the reading of the paper. The difference of opinion could be accounted for to a great extent, by the fact that some of the speakers based their conclusions on Dr. Bulmer's reports from the quarantine station to the Government and Press, while others stood by the more accurate observations of the early stage obtained by the author of the paper and others, before the patient was removed from Melbourne. The former source of information being without pretension to scientific accuracy, appeared conflicting and perhaps incorrect in a technical sense, while Dr. Balls-Headley's account, having reference only to the first stages of the complaint, was in that respect incomplete.

Dr. FORD, taking his stand on the concise account of smallpox in Hooper's "Physician's Vade Mecum," expressed himself decidedly opposed to the view that the case was one of variola, pointing to the facts that Dr. Bulmer had reported the eruption to be still appearing on the 17th day of the disease, and that the pustules became gradually confluent instead of becoming so at once as in true variola. The case seemed to him like chickenpox grafted on some constitutional taint.

Dr. TURNER, who had had considerable experience of the disease in London, looked upon the case as a typical one of variola. In his experience pain in the back was not constant, nor did the pustules become confluent all at once in a large number of cases. Old practitioners at home sometimes mistook variola for measles at the commencement.

Dr. ROBERTSON thought it extremely difficult to understand the true nature of the case from Dr. Bulmer's bulletins, vesicles following pustules, and the patient always favourably reported on though some of her symptoms, if the case was smallpox, would indicate a highly dangerous state. He was of opinion that it was not a case of variola. He had never seen secondary fever set in earlier than the 8th or 9th day, on maturation (not the formation) of the pustules, and not on the 7th day as in this case. The disease might have been modified smallpox or chickenpox, perhaps aggravated by some peculiar condition of the system. The case could not be traced to a preceding case of smallpox, but the patient had been in contact with a case of chickenpox in Adelaide.

Mr. GIRDLESTONE looked on the case as typical smallpox. The patient S. had lived in Adelaide with a Miss Q., who had had something to do with the clothes of Dr. O'L., who had been in attendance on the cases of smallpox at the quarantine ground. Miss Q. fell ill

of, what Adelaide practioners were pleased to name, chickenpox. Her friend S. left Adelaide for Melbourne, and shortly after her arrival there fell ill of the disease under discussion. The speaker saw the patient on the 8th day of the fever, when she was covered from head to foot with a genuine vesicular eruption, partly confluent. In his opinion the accurate description of the case by Dr. Balls-Headley was to be preferred to Dr. Bulmer's telegrams.

Dr. CUTTS suggested that on a doubtful case occurring in the practice of any medical man not himself familiar with the disease, he ought to call in consultation some one who had had practical experience of it. The first case he had ever seen was at the Melbourne Hospital. He thought too much importance should not be attached to the quarantine officer's telegrams. If the vesicles reported on the 17th day of the disease were part of the complaint, it seemed impossible that it could be smallpox.

Mr. GILLBEE had seen only one case of smallpox in the course of his practice. He expressed a strong opinion that it was the duty of the University authorities or of the Government to furnish students of medicine with wax casts showing the exact appearance of the eruptions of small pox and its allies, so that the medical men of the future might be able to recognise the disease when they saw it. He thought it was not fair to judge Dr. Bulmer's telegrams from a professional standpoint, seeing they were meant for the Chief Secretary and the public. Dr. Balls-Headley, before bringing forward his paper, ought to have communicated with Dr. Bulmer with the view of obtaining a more complete record of the case. He deprecated any undue allaying of public excitement on the subject as dangerous, in tending to prevent the stamping out of this, the most dreaded of our contagious diseases; and advocated the appointment, at a sufficient salary, of a quarantine medical officer experienced in all forms of contagious disease, as a means of preventing their introduction into the colony, and thereby saving expenditure of the public funds.

Dr. WILLIAMS had had considerable experience of variola. He thought this was not a typical case, but did not see what else it could be if not smallpox. He had seen cases without pain in the back, and the characteristic smell, though wanting in the case under discussion, was not a prominent early symptom, as it occurred on supuration taking place.

Mr. JAMES thought that on account of the difference of opinion it would be wise to write to Dr. Bulmer for professional notes of the case, and accordingly proposed the adjournment of the discussion till Dr. Bulmer had been communicated with. The profession ought to act in this matter for the interest of the public.

Dr. BALLS-HEADLEY remarked that Dr. Bulmer could not have taken scientific notes of the case, seeing that in one of his telegrams he stated that he saw his patient only at a distance.

Mr. JAMES continued to say that if the temperature and other observations are not taken every day, the patient cannot be considered under medical attendance at all. Patients ought not to be sent to the quarantine ground without the very best attendance. The proper notes of the case ought to be supplied.

Dr. LE FEVRE moved as an amendment that Dr. Balls-Headley be allowed to reply to the remarks already made. The amendment was seconded and carried.

Dr. BALLS-HEADLEY in replying said it was not competent for any one to deny that it was either smallpox or chickenpox. The duration of the disease proved it to be much less chickenpox than smallpox, while in varioloid also the disease stops on the 8th day, and there is no suppurative fever. He saw no scabs on the patient's skin, and she appeared quite healthy and free from any constitutional taint. Though the suppurative fever in this case occurred one day earlier than usual that did not disprove the typical character of the case. The temperature rose when the eruption became pustular and those who object that it rose a day too early must answer the question why it did rise.

Mr. JAMES then moved that further discussion be postponed till next meeting, and that the hon. secretary request Dr. Bulmer to supply further information of the case, including notes of temperature, pulse, &c. Notes of the symptoms from beginning to end were essential, and if no more information could be got about the case, it would be the duty of the society to ask why the patient was not being properly attended to.

The motion was seconded by Dr. Gray and carried unanimously.

The remaining business on the paper was postponed till next ordinary meeting of the society, and the meeting adjourned at 10.50 p.m.

MEDICAL SECTION OF THE ROYAL SOCIETY OF N. S. WALES:

SPECIAL GENERAL MEETING.

C. K. MACKELLAR, M.B., President, in the chair.

A special general meeting of the medical section of the Royal Society was held on Wednesday evening, April 19th, in the rooms of the society, Elizabeth Street, Sydney, and was largely attended. A proposal to increase the number of the committee from four to six members was carried unanimously. The section then proceeded to elect its officers and committee for the present year. A ballot was taken, which resulted in the election of Dr. P. Sydney Jones as chairman in the place of Dr. Mackellar, who retires; Drs. MacLaurin and Thomas Evans honorary secretaries, and Drs. Cecil Morgan, Roberts, Mackellar, Bedford, Craig Dixon, and Ewan members of committee. Dr. Manning informed the meeting that the council of the Royal Society had a certain sum of money at their disposal, which they had decided to spend in the formation of a medical library; there could be no doubt as to the necessity for such an institution, and the present opportunity was one of which advantage should be taken. He suggested that a sub-committee be appointed to report to the council on this subject, and draw up a list of those periodicals which it would be most desirable to obtain. Dr. Manning then proposed, "That it be an instruction to the council of the section to intimate to the council of the Royal Society their wish that the nucleus of a library be formed in any way that might seem suitable." Dr. S. Jones seconded the proposition, which met with general acceptance. It was said to be a want universally felt by the profession in Sydney. The section was reminded that in the old days of the council there was an excellent medical library, which proved of great utility. Wishes were expressed that, in laying out the money allotted by the Royal Society for this purpose, it should be borne in mind that the editor of *The Australasian Medical Gazette*, the journal of the combined Australian branches of the British Medical Association, receives a large number of periodicals, which being at the disposal of the members of the profession in Sydney, it was undesirable to purchase duplicate copies. The whole of the sum should be spent on new works and periodicals. Notice of motion was given by Dr. Quaife to the effect that it was desirable the hour of meeting should be altered to quarter-past, instead of, as formerly, 8 o'clock. This subject will be discussed on the evening of the 12th May, on which date Dr. Manning will read a paper, on "A disputed case of insanity." A cordial vote of thanks to the retiring president (Dr. Mackellar) and the other members who held office during the last session concluded the proceedings.

MICROSCOPICAL SECTION OF THE ROYAL SOCIETY OF NEW SOUTH WALES: PRELIMINARY MEETING.

A well-attended preliminary meeting of the members of the microscopical section of the Royal Society, was held in the society's rooms on Monday, April 24th. The minutes of the previous meeting were read and confirmed. It was decided to hold the meetings of the section on the evenings of the second Monday in each month. A ballot was then taken for the election of Officers for the current session, with the following result:—Chairman, Dr. Wright; secretary, Mr. P. R. Pedley; committee, Messrs. F. B. Kyngdon, G. D. Hirst, H. O. Walker, and Dr. Ewan.

PROCEEDINGS OF COLONIAL MEDICAL BOARDS.

The following gentlemen having presented their diplomas, were duly registered as legally qualified Medical Practitioners by the respective Boards:—

NEW ZEALAND.

Beheim-Schwarzbach, Bruno, M.D., Würzburg, L.F.P.S. Glas.

QUEENSLAND.

Burns, Walter, L. et L. Mid., R.C.S. Ed., 1877.

Cuppaidge, John Loftus, M.B. et Ch.B. Dub., 1880.

Geoghegan, Francis Meagher, M.D.

Soulé, Milan, M.D., Univ. Vermont, U.S.A., 1869.

VICTORIA.

Leonard, John, M.R.C.S. Eng., 1873.

Additional Qualification Registered—

Clark, Charles Alfred Dagnall, M.B. Lond., 1881.

GLEANINGS FROM THE JOURNALS.

IS THE OBSTETRIC BINDER NECESSARY?—Henry P. Wenzell, M.D., of Milwaukee, member of the Committee on Obstetrics, as reported in the recent *Transactions of the State Medical Society of Wisconsin*, thinks the binder is not only useless, but oftentimes positively injurious, when applied shortly after labour is accomplished. If loosely applied, it exerts no influence on the abdominal parietes; if too narrow, it becomes a constrictor, a positive cause of hemorrhage; if too snugly drawn, it causes discomfort, pain, tenesmus. After the bandage has been secured, and an examination made a few hours later, it will be found, generally, at the lower border of the thorax, or, perhaps, rolled together above the iliac crest. The obstetric bandage is worn for safety and comfort, we are told; but it appears to be most comfortable away from the uterine region—away from doing harm. It is only a useless impediment, supporting where support is not necessary, and leaving the relaxed abdominal walls to take care of themselves. Schroeder, in his *Obstetrics*, does not mention the bandage at all, and we naturally infer that he does not use it. In the Munich Lying-in Department the obstetric binder is interdicted. Many German obstetricians object to the binder, and not a few condemn it. Siebold says: "During this time the woman must be carefully watched—pulse, skin, temperature, facial expression—and a watchful eye must be kept on the uterus that instant assistance may be rendered in flooding." "But the abdominal skin perspiration must not be interfered with." "Unnecessary and even dangerous is the practice of tightly bandaging the belly of the parturient patient immediately after birth. If a bandage is applied, it should be a wide piece of flannel, to retain a moderate, equable temperature; but all pressure on the internal organs must be avoided." "Later, when the woman has already left her bed, a wide (elastic) knit bandage, which neatly supports the abdomen, may be worn. That which women wish to attain by bandaging—prevention of a too prominent belly—is more easily attained by washing the abdomen with lavender spirits, &c., which should be permitted only from four to six weeks after birth." (*Lehrbuch der Geburtshilfe*, von Ed. Casp. Jac. von Siebold, Braunschweig, 1854, page 341, *et seq.*) In an obstetric manual for midwives, first issued in 1771, by M. Solayers, subsequently revised by Baudeloque, and later by Lebaud, we read, page 163: "To prevent prominent belly by tight bandaging is fraught with great danger." Cazeaux writes: "But in order to obtain all these benefits, it (the binder) should be large enough to compress the whole sub-umbilical region equally. Care should be taken to prevent its becoming doubled up, whereby a circular cord is formed, which, by opposing the ready return of the fluids, would then prove a cause of hemorrhage. The body bandage may be replaced with advantage by a folded cloth applied flat upon the abdomen, which it compresses gently by its own weight, which is sufficient for the purpose." (Page 406.) The principal reason for bandaging the abdomen is to reduce the relaxed abdominal walls to the ante-pregnant state; but the signs of pregnancy and parturition cannot all be eradicated by any binder, however snugly applied. In surgery we refrain from constricting an atrophied or relaxed member fearing to increase the lesion, but in obstetric practice the reverse obtains—a marked inconsistency! Viewing the binder from a physiological standpoint, it is not only unnecessary, but an obstacle interfering with the superficial circulation and damming it into the pelvic cavity, which at this time is not only gorged with blood from the physiological activity just passed, but the generative tract is more or less bruised and lacerated, and the interior of the womb at the placental site presents a large wounded surface; and these regions—the pelvic vessels being surcharged with blood—may become foci of flooding. If the binder is applied tight enough to serve its object—compression—it will naturally cause what it was intended to prevent, viz., flooding. The inferior animals are not tortured with Russian bandages. Parturition is a normal, physiological process. Has the female economy deteriorated by the progress of advanced civilisation, that the uterus has lost its inherent power of taking care of itself, or have the nerves lost their governing, and the striped and unstriped muscular fibres their contracting power? Has the uterus become a *locus minoris resistentia*, that the binder must be used under the cloak of sympathy? or does fashion, or, if you please, custom, dictate the use of a dangerous ambush that may destroy the patient? It is certainly contrary to natural laws, and abused nature avenges herself by bad "getting up." There is no doubt that many female troubles are born in child-bed, brought forth indirectly by the customary ban-

dage! The only reason for its use is to follow a traditional custom. Does the binder exert an equable and constant pressure on the abdominal parietes and uterus? The sub-umbilical surface is an irregular, convex surface, bounded laterally by the ilia, and below by the pubes—projecting bone prominences, that interfere when gentle compression is sought by a bandage; hence, a "pad" is forced under the bandage to increase the irritation, causing intense pain, and rectal and vesical tenesmus at times. Constant equable pressure can be carried out on a stationary, spherical body, like the uterus, whose external surroundings present no inequalities. The uterus constantly changes its position after labour during the first twenty-four to seventy-two hours, and any perceptible pressure exerted on that wounded and very sensitive organ produces irritation, and, in accordance with well-known physiological laws, the body, or part irritated, recedes from the irritating focus, and the uterus slips away from the compressing force. Hence, if a constant and equal pressure must be enforced the binder becomes an animate being, with perceptive discrimination, and moves to the loins or thorax, where it is out of harm's way. I have seen cases in which the astute binder caused much annoyance and even severe suffering, and its removal produced comfort and quiet repose. Of course, it will be said the bandage must be applied "with judgment." True, but one patient is sensitive, another is indifferent, &c., and a correct discrimination in all cases is impossible; midwives constrict the abdomen tightly. So long as the patient is confined to bed, the bandage is useless as a support to the relaxed abdominal wall, for there is no pressure exerted on the parietes from within until the patient is permitted to rise. Then, if the support is not properly applied, it slips upwards and forces the intestines down and out upon the relaxed tissues which are so well (un)supported (?) by the binder. Is the binder a safeguard against flooding? Direct or somewhat severe pressure is required to check hemorrhage from any large, bleeding surface, but that cannot obtain in a moving, globular body in a capacious cavity, unless a compressor is applied, and then pain supervenes, either from the uterus, the rectum, the bladder, or other structures upon which the pressing force is exerted. But, it will be remarked, that the uterus contracts by virtue of a *vis a tergo* inherent in itself. True again; but why apply a bandage at all? It does not cause contraction; it does not guard against relaxation—consequently does not prevent flooding. It does produce irritation; may interfere with the circulation, and produce flooding by constriction. Then, in the name of common sense, for what is the binder used? For an ornament? No; ornaments are worn in more appropriate parts of the body! The binder is useless in exhaustion as well as relaxation, &c.; hence, it is worse than a scare-crow of straw, and is a positive detriment to the patient as well as the attendant. Facile examinations are hindered by the binder's presence, for the obstruction must be put aside when careful manual exploration is made. *Ergo*, the binder is useless. I have seen cases of terrific flooding, yet there was no show externally of hemorrhage, save the blue lips, pallid countenance, feeble pulse, &c., and fainting, or syncope. The patient's belly was tightly bandaged by the midwife, but the bandage had become displaced upwards, and the uterus was fully relaxed and full of fluid blood. The attendants stated that the obstetrician had assured them that no danger threatened, but the transcendental binder slipped up and pressed the blood down! The bandage, *in situ*, may permit relaxation and flooding, as I have observed in one case. In my last forty cases I was divorced from the binder, and have no cause for regret. The patients did not suffer by its absence. There was no tenesmus, no binder's pain, no ambush; there was no indication of hemorrhage. After the patients are allowed to ambulate, a supporter, bandage, or binder may be allowed to support the abdominal parietes comfortably. If the bandage is noted for its absence during the lying-in period, the patient can be watched and examined without inconvenience, or she can be instructed to make frequent examination, observing that the globular uterus remains well contracted, and should it relax there is time for instant action. Safety lies in a well contracted uterus; danger in relaxation. Absence of the customary binder causes greater watchfulness, and prevents needless annoyance and loss of time.—*Virginia Medical Monthly*.

TREATMENT OF TONSILLITIS BY THE BICARBONATE OF SODA.—In *Le Practicien*, of September 19th, is a paper on this subject by Dr. Giné, Professor of Clinical Surgery at Madrid. The paper was originally published in the *Presse Médicale Belge*. Dr. G. asserts that repeated topical applications of Sodium Bicarbonate to inflamed tonsils is an exceedingly efficacious mode of treating this painful affection. The medicine may be applied, either by insufflation

through a tube, or it may be placed on the inflamed glands by the finger of the patient himself. He counts his cases of rapid cure of tonsillitis in this way by the dozens. In no case have the applications proved useless, and often a cure is obtained in twenty-four hours; ordinarily, the relief is instantaneous. The agent is especially useful in the early stages of the disease as an abortive measure. So great is Dr. G.'s confidence in this mode of treatment, that he considers the excision of enlarged tonsils a very unnecessary procedure.

HYPODERMIC INJECTION OF MERCURY.—This subject is attracting much attention in France. M. Martineau (*Maryland Medical Journal*) makes what he calls Mercurial Peptone, in which Peptone is substituted for the white of egg heretofore in use, for the reason that the metallic salt is more easily absorbed in the form of an albuminate. The Peptone is prepared by mixing 1 gr. Bichlor. Hydrarg., 1½ gr. dry Peptone, 1½ gr. Chloride of Ammonium, in 8 oz. water. Inject 15 minims every two or three days, in the back or lumbar region, plunging the instrument deeply into the tissues. M. Martineau has given 1000 injections of this kind with no local accident, no abscess nor induration, and no salivation, but with very striking effects on the specific malady for which the remedy was applied.

BEEF-TEA A STIMULANT, AND NOT A FOOD.—Notwithstanding it has been repeatedly shown that beef-tea is not a food, the laity, and to a considerable extent the profession, are slow to be convinced. That patients fed on beef-tea slowly starve is a fact which the analysis only too conclusively supports, and which is sustained by actual clinical observation. In the *Lancet* for October, 1880, p. 562, Mr. G. F. Masterman publishes an analysis, which shows that beef-tea has a chemical composition similar to urine. Beef-tea, most carefully prepared, says Dr. Neale in a recent issue of the *Practitioner* (November, 1881), does not contain, including alkaline salts, more than 1.5 to 2.25 per cent. of solid matters, and such matter is mainly composed of Urea, Kreatin, Kreatinin, Isolin, and decomposed Hæmatin. As a stimulant, beef-tea may be, and often is, highly serviceable, but as a means of support during the exhausting drain of a long illness, it does not compare in nutritive value to milk. Dr. Lauder Brunton raises the question whether beef-tea, a product of muscular waste, may not, under some circumstances, be actually poisonous.

THE TREATMENT OF SEA-SICKNESS.—Dr. Milan Soulé, surgeon on the steamship "City of Sydney," has written an account of his experience with the bromide treatment for sea-sickness, as laid down by Dr. G. M. Beard. His testimony to its efficacy is very emphatic and convincing. He says:—"About three years ago I began to use the Bromides in treating sea-sickness, following, as nearly as possible, the direction given in Dr. Beard's valuable monograph on that subject. I had then been in the service of the Pacific Mail Steamship Company nearly four years, and as my field for experiment was large, I had tried nearly every drug or combination of drugs that had ever been proposed for the cure or alleviation of this disagreeable malady. Repeated failures and humiliating disappointments had so shaken my faith in the power of drugs over this disease, that I began to use the Bromides with a good deal of doubt and hesitation. Greatly to my surprise and gratification, however, I found that I was able to entirely prevent or greatly to alleviate the disease, and have not one single failure to record. The following is the combination I most frequently employed, viz.—R. Sodii bromidi, 4oz.; Ammonii bromidi, 2oz.; Aquæ Menthe Piperitæ, 3drs. M. S.—A teaspoonful before meals and at bed-time: begin treatment three days before going on board. When preparatory treatment had been neglected and the disease fully established, I put a teaspoonful of the above in a half-tumbler of water, add a drop of Ext. Ipecac. fluid, and give a teaspoonful every five minutes; it generally relieves the patient in less than an hour. I have received several letters (guinea enclosed) from passengers, asking me to send them the above formula. Next to the Bromides, I have found Hyoscyamia the most successful remedy. Atropia will frequently afford relief, but is not altogether safe, as I have noticed a few cases of retention of urine to follow its use. I gave Nitrate of Amyl a fair trial, but it proved a complete failure. I have notes of several cases where the Bromides entirely prevented sea-sickness during voyages of from twenty to thirty days, although these patients were always sick on previous voyages."—*New York Medical Record*.

THE ETIOLOGY OF URÆMIA.—MM. Feltz and Ritter have recently published a work in which they summarise the results of the experi-

ments which they have carried on for the past fifteen years, to establish the cause of uræmia. Their experiments overthrow all the accepted theories, and if confirmed will be of service in settling one of the most disputed and difficult problems in medicine. The *Glasgow Medical Journal* gives the following summary of these important experiments:—(1) The proportion of Potassium salts, both in blood and urine, varies with the quantity and quality of the food; in dogs badly and insufficiently nourished it falls to the minimum. (2) A special and prolonged alimentation, consisting of materials containing Sodium salts, reduces the proportion of the Potassium salts to nearly the same degree as bad and insufficient feeding. The demineralisation of the blood is greater, as regards Potassium salts at least, than when the diet includes potash in some form. (3) The quantity of Potassium salts existing in the blood influences to a certain degree the quantity of Urea necessary to provoke grave symptoms or death. (4) Suppression of the renal function by simultaneous ligation of both ureters causes a sensible increase in the proportion of Potash salts in the whole blood and in the serum, notwithstanding supplementary gastro-intestinal excretion; in this respect the alkaline salts follow the same law as Urea and the extractive matters, both of which are augmented in the blood under similar conditions. (5) The grave symptoms of experimental uræmia not being in proportion to the degree of retention and accumulation of urea or of urinary extractive matters in the blood, and corresponding, on the contrary, to the phenomena produced by the injection of fresh normal urine, or of equivalent solutions of Potassium salts, it seems probable that the true toxic agents in cases of so-called uræmia, are always the Potassium salts which have accumulated in the blood.

MEDICAL APPOINTMENTS.

- Bage, Charles, M.B. et Ch.B. Melb., appointed Resident Medical Officer at the Melbourne Hospital.
- Barrett, James William, M.B. Melb., appointed Resident Medical Officer at the Melbourne Hospital.
- Beaney, James George, M.D., F.R.C.S. Edin., L.K.Q.C.P. Irel., of Melbourne, to be a Surgeon in the Victorian Volunteer Force.
- Bey, William, M.B. et Ch.M. Aberd., to be Honorary Surgeon in the Greytown Rifle Volunteers, N.Z.
- Bone, William, M.D., M.R.C.S.E., L.S.A. Lond., to be Health Officer for Castlemaine, Vic.
- Brewer, Henry Edward, M.R.C.S.E., L.S.A. Lond., to be Health Officer for Portland, Vic.
- Burns, Walter, L. et L. Mid., R.C.S. Edin., appointed Resident Medical Officer at the Ipswich Hospital, Queensland, at a salary of £300 a-year.
- Crawford, James Robert, L.F.P.S. Glas., appointed Medical Officer to the Hospital at Temora, N.S.W.
- Crossen, Henry, L.F.P.S. Glas., to be Health Officer for Echuca, Vic.
- Eastwood, Francis Hodson, M.B. et Ch.B. Melb., to be Deputy Medical Superintendent of the Beechworth Lunatic Asylum, Victoria.
- Graham, Albert W., Surgeon, appointed House Surgeon to the Hobart General Hospital, Tasmania.
- Jackson, Ernest andford, M.B. et Ch.B. Melb., appointed Assistant Surgeon of the Brisbane Hospital, at a salary of £250 per annum.
- Jonasson, Hermann, M.D., of Melbourne, appointed Medical Inspector to the Victorian Railways.
- Kesteven, Leighton M.R.C.S.E., appointed House Surgeon to the Brisbane Hospital, at a salary of £300 per annum.
- Llewellyn, Augustus John Richard, M.B. et Ch.B. Melb., L.K.Q.C.P. Irel., to be Acting Health Officer at the Sanatory Station, Point Nepean, Vic.
- Loughrey, Thomas, M.B. Melb., appointed Resident Medical Officer at the Melbourne Hospital.
- Macdonald, Robert Gordon, L.F.P.S. Glas., L.R.C.P. Edin., to be Public Vaccinator for the Otepopo and Hampden Districts, N.Z.
- Marley, William Lane, M.R.C.S.E., appointed Surgeon to the Port Douglas Hospital, Qu., at a salary of £250 per annum.
- Moore, Henry Ogilvie, M.R. Dub., of Dandenong, Vic., to be a Surgeon in the Victorian Volunteer Force.
- Mullen, John Nelson, M.B. et Ch.B. Melb., appointed Resident Medical Officer at the Melbourne Hospital.
- Parker, Alfred Henry, Surgeon, late of Port Lincoln, to be Government Medical Officer at Mount Gambier, and Surgeon of the Mount Gambier Hospital, S.A., vice Dr. James Jackson, resigned.
- Porter, Thomas Lee, M.B., to be Public Vaccinator for the Kumara District, Westland, N.Z.
- Rae, William, L.R.C.S. Edin., to be Public Vaccinator at Bacchus Marsh and Melton (Vic.), vice Dr. J. Roche, resigned.
- Syme, George Adlington, M.B. Melb., appointed Resident Medical Officer at the Melbourne Hospital.
- Walsh, William Butler, M.D., F.R.C.S. Irel., to be Acting Health Officer for Kew, Vic., during the absence on leave of Dr. T. S. Ralph.
- Watkins, William Longworth, L.K.Q.C.P. et L.R.C.S. Irel., to be Public Vaccinator at Sunbury (Vic.), vice Dr. A. J. Leggatt, resigned.
- Whitaker, Joseph, M.D., L. et L. Med. R.C.S. Irel., L.A.H. Dub., to be Health Officer for the town of Hotham, Vic.

NOTICES TO CORRESPONDENTS.

Articles, Letters, and all communications intended for publication, also Books for Review, to be addressed to "The Editor of The Australasian Medical Gazette, 35, Castlereagh-street, Sydney."
The Name and Address of the sender must accompany every communication, not necessarily for publication. Anonymous letters will not be noticed.

The Australasian Medical Gazette.

SYDNEY, MAY, 1882.

THE paper read by Dr. Shewen at the May general meeting of the New South Wales Branch of the British Medical Association, excited considerable interest, and gave rise to an animated debate amongst the members present. Its subject was the "Caisson" disease or so called "fever," and as some cases have recently occurred in Sydney during the construction of the bridge over the Ironstone Cove, it was well timed. The author describes in very clear and forcible language the process to which the men who suffered were subjected. He says that the effects of compressed air upon the animal body have been studied and written upon during the last twenty-five years by scientific men. He states that the workmen are shut up in an iron cylinder, which has to be driven through the mud of the estuary on to the bed sandstone rock, where it is supposed to have a secure foundation, sufficient to support its share of the superincumbent bridge, and the traffic destined to pass over it.

The cylinder itself is circular, three feet six inches in diameter, and made up of segments each six feet long. Inside this confined space the air is forced until sufficient pressure is made to drive or nearly drive the water from it. To do this a pressure varying from 40 to 50 lbs. to the square inch is found necessary, according to the depth of the bed rock, equal to that of about three atmospheres, more or less. Under this severe pressure the men, consisting of gangs of four each, usually work for the space of about four hours. At the expiration of this time the pressure is suddenly removed, the whole process taking about from one to half a minute, during which time intense cold is felt by the men from the evaporation engendered as they return to external air.

During the formation of the bridge over the Parramatta River we presume the same process was used in its construction, as in that of the one over the Ironstone Creek, yet we heard of no cases of illness amongst the workmen similar to those which Dr. Shewen has described. There must be some palpable reason why the men who succumbed on the present occasion should have suffered then rather than at any previous time. According to Dr. Shewen, the dangers to which the men are exposed do not arise from the actual pressure to which they are subjected for so long, but:—1st. From the extreme cold under which they suffer when the excessive density of the air is quickly removed. 2nd. By the excessive quantity of air absorbed by the blood under increased atmospheric pressure during the sudden transition to the normal atmosphere which cannot be easily got rid of by the lungs, and remains in the blood, dilating the vessels, and causing various lesions in the more delicate tissues.

Most of the symptoms which the patients suffered under were of a nervous character, and might have been thus caused. To prevent for the future such an occurrence Dr. Shewen thinks it advisable that the excessive atmospheric pressure should be gradually removed, and that half-an-hour instead of a minute should be employed for that purpose. Some of the speakers present, however, differed in their opinions with regard to the power of the human body to undergo excessive pressure without danger, and instances were recorded of the destruction of the tympanum in divers through the pressure of the water at considerable depths. It was also mentioned as a well-known fact that in a rarified atmosphere persons suffered from exposure to it, as in a balloon ascent or in the ascent of high mountains, and "a priori" if too little pressure affected a patient

so would too much. The fatigue of even moving about in so dense a medium must be excessive, and the weight of the body on the spinal column three times what it is in a normal atmosphere. Animals which have been killed by atmospheric pressure usually suffer from injury to the spinal chord. The elastic intervertebral cartilage yielding to the weight to which it is subjected for so long a time, and causing pressure in consequence on the spinal chord may partially explain it, and the sudden withdrawal of this pressure and resumption by the vertebrae of their normal distance from one another may also throw some light on the matter. At present, however, it appears to us that the pathology of the disease is open to considerable further discussion, and more light should be thrown upon its histology. A select committee were appointed to investigate the subject thoroughly at the close of the discussion. We trust that the labours of the gentlemen who have taken the matter in hand may be so successful as to completely unravel the somewhat tangled skein of cause and effect before them.

THE MONTH.

NEW SOUTH WALES.

DR. D. W. B. WILKIE, of Wilcannia, who was employed by the Government to visit the Mount Poole diggings for the purpose of attending to the sick, has forwarded to the Colonial Secretary a report of his experiences at Milparinka, the Reefs, and Tiboburra. The doctor represents that the accounts of distress and sickness at Milparinka appeared to have been greatly exaggerated; but at the Reefs and at Tiboburra there were distress and sickness, and if relief had not arrived there would have been a famine in a few weeks. From a list of the names of those sick, forwarded by Dr. Wilkie, it appears that there were eight cases of sickness at Milparinka, six at Tiboburra, and twenty-five at the Reefs. Dr. Wilkie, in his report, says:—"The 'fever' which was prevalent here was typhoid fever. It does not seem to have arisen from any specific cause. The men (some 2000 were then on the ground where there are only 200 now) were becoming despondent, and their diet was very indifferent, and the weather at the time was very trying. On the approach of illness they were treated by depressing remedies, such as emetics and purgatives; and as there was no suitable diet to be procured, such as beef-tea, milk, &c., they frequently rapidly sank and died. Had a medical man been present, in all probability few fatal cases would have occurred. I recommend the establishment of a hospital at the Reefs, as this is the place where it will be most required. As soon as rain falls there is little doubt that there will be from 2000 to 3000 diggers on the ground, and there is certain then to be a large amount of sickness and distress. The salary of a surgeon cannot at present be paid by the people residing here." At Tiboburra a hospital has been erected for £44. now containing eight in-patients, and in the hospital at Milparinka, rented for £1 per week, there are two scurvy and one fever patient.

At the last annual meeting of the Royal Society of New South Wales Dr. F. N. Manning was elected as one of the two Vice-Presidents and Mr. H. G. A. Wright, M.R.C.S., Hon. Treasurer.

DRS. G. PROUDFOOT and G. E. Twynam have resigned their appointments as Resident Medical Officers to the Sydney Hospital.

At a meeting of the Board of Directors of the Sydney Hospital, held at the Institution on May 2nd, a motion—"That no one not connected with the hospital be allowed to have access to the books of the institution, and that particulars of all cases admitted be supplied to the reporters"—was rejected, as was also another motion—"That the Press be admitted to all committee meetings." The concluding business was a motion to re-open the question of election of honorary medical officers, with the view of arranging that they be elected by the subscribers, instead of by the Board, as at present, which, however, was also negatived.

DR. ROBERT McKILLOP, late of Gundagai, has just returned from his trip to England, and is staying at Tumut for the present.

A COMPLIMENTARY banquet tendered to Dr. Andrew Ross, M.L.A., at Molong, on May 8th, was a great success. An illuminated address was presented to him, and 40 gentlemen attended the dinner. Dr. Ross spoke for over an hour, and was loudly cheered.

NEW ZEALAND.

It is rumoured that Dr. William Cotterell, late of Invercargill, and well known in most parts of the South Island, has died in London. The cause of death, it is said, was an abscess in the region of the back, for which he had to undergo two operations. He succumbed during the performance of the second. Dr. Cotterell was a Licentiate of the Royal College of Physicians in Edinburgh, also of the Society of Apothecaries, London.

DR. R. WITHERS, Surgeon of the Tuapeka Hospital (Prov. Otago), is laid up with typhoid fever. This is now the fifth case being treated in the hospital, two of which have arisen within the institution.

DR. W. E. HACON, Medical Superintendent of the Sunnyside Asylum, Christchurch, has forwarded a supply of calf lymph to the Victorian Government. It has been handed to Mr. Graham Mitchell, M.R.C.V.S., of Melbourne, for cultivation at the Model Farm.

QUEENSLAND.

A SPECIAL meeting of the committee of the Brisbane Hospital was held on April 19th, in order to consult with the Visiting Surgeons as to the best means to adopt in view of the resignation of the present Resident Surgeon, Dr. John Thomson, and as to the desirability of having two instead of one house surgeon. It was finally resolved to invite applications for the position of House Surgeon to the institution, at the rate of £500, and for that of Assistant Surgeon, at a salary of £250 per annum.

At the quarterly meeting of the Board of Management of the Ipswich Hospital the report for the last quarter, ending March 31st, was submitted. The first paragraph reads as follows:—"We regret that we have to preface our report with the admission that the medical superintendence of the hospital, during the earlier portion of the period referred to, was not so satisfactory as heretofore. However, under these circumstances, we have done our best to promote the interests of the institution by securing the able services of Dr. E. R. Webb. A permanent resident surgeon has, after considerable inquiry, been engaged in Victoria, who will probably assume his duties here about the 25th April."

It is contemplated to erect a hospital at Herberton, a new tin-mining township in Northern Queensland. The provisional committee have decided to ask the Government for a grant of five acres of land as a site for the hospital, and also for the sum of £1800 to build it. Meanwhile subscriptions are coming in plentifully for a maintenance fund.

THE immigrant ship "Caroline," from London, which arrived in Moreton Bay on April 30th, has been refused pratique by Dr. Wray, the Health Officer for the port. Dr. Russell, Surgeon-Superintendent on board the "Caroline," reported having had sixteen cases of scarlet fever and twenty cases of gastric fever during the voyage.

DR. M. H. WEBSTER, late of Gympie, has removed to Beenleigh, a thriving township twenty-three miles south of Brisbane.

DRS. W. S. O. BYRNE, of Mackay, and M. Matheson, of Aramac, have been appointed magistrates of the territory.

SOUTH AUSTRALIA.

THE Board of Management of the Adelaide Children's Hospital have abandoned the idea of building a new wing for fever and ophthalmic cases, as decided at the last yearly meeting, owing to the largeness of the estimated cost (about £2600), and instead they have purchased an adjoining house at the back of the hospital for the sum of £840, or one-third of the proposed cost of the other building. Though it is intended to use the house as a ward for fever and ophthalmic diseases, yet the committee are not sure of carrying this suggestion out, as dividing the wards must increase the expenditure. The fever cases, therefore, will likely remain in the present home, and the house be set apart for the accommodation of the nurses.

THE average number of in-patients at the Adelaide Children's Hospital during the half-year ending March 31st was 30. During the said period there were 75 admitted, 63 discharged, and 8 deaths occurred, leaving 31 patients in the wards. At the out-door dispensary, in Currie Street, during the same period, 1179 cases have been prescribed for, against 1557 during a corresponding period of last year.

THE Committee of the Adelaide Home for Incurables have decided to build a cottage on the grounds, to serve as a lodge and wardman's residence, provided the money can be raised for the purpose.

DR. JAMES JACKSON, for many years Assistant Colonial Surgeon and Medical Officer to the Mount Gambier Hospital, who is leaving the colony for England, has been presented with a handsome illuminated address, together with a watch and chain, valued at 100 guineas, by the residents of the district.

DR. W. H. DASHWOOD, Government Medical Officer at Blinman, and late of Edenhope (Vic.), died at Farina, where he had gone to make a post-mortem examination for an inquest, on April 27th, from Cirrhosis Hepatis, after a few days' illness; he was 45 years of age.

DR. MANN, who recently arrived in the colony from Amoy, in China, has been appointed Chief Medical Officer of the Destitute Poor Department, at a yearly salary of £600, with two forage allowances.

At the last meeting of the Royal Society of South Australia, Dr. Stirling stated that he considered that ligatures made from the sinews of kangaroo tail were superior to any other known. Professor Tate stated that during his visit to the Northern territory he was shown several plants used by natives as a remedy for smallpox, but as the disease has not prevailed since the occupation of the territory by the present white population, there was no means of ascertaining the reputed virtue of the plants. The Secretary mentioned that in South Australia, in 1839, the natives were much pitted with marks, which he attributed to a visitation just previous to the advent of white men.

DR. E. W. WAY has resigned his position as Visiting Medical Officer at the Dry Creek Prison, which he has held for nine years. Dr. C. E. Thompson, of Norwood, will probably be appointed his successor.

DR. WILLIAM GOSSE has been elected Warden of the Adelaide University.

TASMANIA.

Two applications were received from medical men for the post of Assistant Medical Officer to the Hobart General Hospital. The signature to one, the Chairman stated, he could not decipher; it appeared to be "Welsh." The testimonials in this case dated back many years. The other application was from Dr. Albert W. Graham, late of Terowie and Yongala (S.A.), a gentleman who presented excellent testimonials. The testimonials having been read, Dr. Graham was duly elected Assistant House Surgeon to the institution.

DURING the month of March the dispenser at the Hobart General Hospital received the sum of 20s. in fees for renewals of medicines from out-door patients. He states that he has no trouble in this department; the persons who pay consider it a great boon to have such medical attention at so small a cost, as they are not in a position to pay a doctor. The fees thus collected are used to augment a fund to help poor creatures who, on being discharged from the institution, often have not a bed to rest on.

DR. G. F. HUSTON, late Surgeon Superintendent of the New Norfolk Hospital for Insane, has been appointed a Coroner of Tasmania.

DR. S. M. CAFFYN, late of Sydney and Wollongong (N.S.W.), has succeeded to Dr. W. Mason's practice at Launceston.

VICTORIA.

At the meeting of the Committee of the Melbourne Hospital, held on April 25th, seven applications were received for the appointment of five Resident Medical Officers to the institution for the ensuing twelve months. Messrs. G. A. Syme, J. W. Barrett, C. Bage, and J. N. Mullen were entitled to their appointment by virtue of the positions they attained at the University. The other candidates were Messrs. T. Loughrey, E. S. Jackson, and A. Sunderland. Mr. Loughrey during his student career had been very assiduous in the discharge of the duties devolving upon him as clinical clerk and dresser. Mr. Jackson had been assisting in the hospital since the 4th January, and Mr. Sunderland had held the appointment since the 21st January, 1881. A ballot was taken, which resulted in the election of Mr. Loughrey. The newly-elected Medical Officers were

then called in and congratulated on their appointments, and informed by the Chairman (Mr. Gillbee) that the Committee expected them to complete the term (twelve months) for which they were engaged.

At the out-patients' department of the Melbourne Hospital the sum of £107 9s. was received as out-patients' dues during the quarter ending March 31st. The charge of 1s. per month to each out-door patient will be continued for another quarter.

DR. P. B. BENNIE, Medical Officer to the Daylesford District Hospital, reports that during the year 1881, 142 patients have been admitted to the Institution; these, with the number (34) remaining from the last year make the total number treated during the year 176. Of this number 131 were cured, or relieved and discharged; 16 died, and 29 remain. Of the deaths from natural causes, 14 in number, all, except one, a death from consumption, were of persons over 50 years of age, and the average age for the 14 was 63 years: 45 of the 142 cases admitted during the year were accidents. Out-patients were attended to 2013 times during the year, an average of about 6½ each working day.

At the April meeting of the Medical Board the case of a gentleman holding an American diploma was postponed until such time as the applicant may find it convenient to attend and produce the necessary evidence of his medical qualification.

DR. B. C. HUTCHINSON, of Wangaratta, has been elected President of the local Coursing Club.

DR. A. C. BROWNLESS has been re-elected Vice-Chancellor of the Melbourne University.

MR. WILLIAM HENRY FORD, of Melbourne, passed his examination in the Science and Practice of Medicine at the Apothecaries' Hall, London, on February 23rd, and consequently received the certificate as L.S.A.

At the meeting of the Committee of the Melbourne Hospital, held on April 18th, Dr. Gillbee read a paper in support of his statement previously made that numbers of young patients were ruined through having acquired a taste for stimulants owing to the excessive quantities prescribed for them whilst patients in the hospital. Mr. Gillbee gave a few examples, which would certainly seem to justify all that he said. For instance, he gives the case of one patient, at present under treatment, who drank eleven bottles of brandy during the month, or about two and a half a week. Another consumed nine bottles for the month; and this liberal allowance was increased in a third case to fifteen bottles. Mr. Gillbee points out that this patient alone received more brandy than is consumed during the same period by all the patients in the Ballarat Hospital, and he ends by asking the Committee to say whether he has not established his case. His case is borne out, indeed, by the records of the hospital itself. According to the monthly report of March one doctor on the staff allowed to the 36 patients under his care 773 oz. brandy, 474 of wine, 836 of whisky, and 753 bottles of aerated waters; another, with 27 patients, allowed 470 oz. brandy; another allowed 934 oz. brandy to 17 patients; another, 1009 oz. to 30 patients; another, 924 oz. to 27 patients; one of the surgeons allowed 13 patients 361 oz. brandy, 244 of wine, 5 bottles champagne, 77 bottles of beer, a quantity of aerated waters, and so on. The Committee naturally expressed surprise at these revelations, and a motion that the matter be inquired into was carried unanimously.

THERE has been a considerable reduction during the past month in the quantity of stimulants dispensed to the patients in the Melbourne Hospital.

At a public meeting held in the Melbourne Temperance Hall on Monday, May 1st, a resolution was passed thanking Dr. Gillbee for calling attention to the excessive use of stimulants in the Melbourne Hospital.

THE Central Board of Health intend purchasing a paddock near the Williamstown racecourse, as a site for the proposed Hospital for Contagious Diseases.

In the Melbourne Benevolent Asylum there are 254 inmates under the treatment of Dr. J. Whitaker, the Visiting Medical Officer; 190 of this number, viz., 97 males, and 93 females, are patients in the hospital attached to the institution.

DR. THOMAS ROWAN, of Melbourne, has resigned his commission as surgeon in the Victorian Volunteer Force.

DR. S. A. BERNAYS, of Melbourne, who in the first instance was appointed temporarily to the special medical charge of a supposed case of smallpox in Swanston Street, has intimated to the Central Board of Health, that he will be unable to undertake this duty.

DR. H. JONASSON, of Melbourne, has been appointed Medical Inspector to the Victorian Railways. His duties will include the examination of applicants for employment in the department, and of employés seeking relief from duty on the ground of ill health, &c.

DR. A. C. BROWNLESS, late Resident Medical Officer at the Melbourne Hospital, has commenced practice at Flemington.

DR. THOS. S. BULMER, Health Officer and Superintendent of the Sanitary Station at Point Nepean, has received from the Melbourne Superintendent of the P. and O. Steam Navigation Company, a Silver Liqueur Stand, accompanied by a letter, conveying the Company's best thanks for the trouble the doctor took in the Company's interest, on the occasion of the *Mirsapore's* quarantine, and for his courteous attention to the wants and comfort of the passengers.

DR. W. WARREN, late Resident Surgeon of the Geelong Hospital, now of Richmond, has been presented with a handsome illuminated address, signed by the leading residents of Geelong, who express their high appreciation of the valuable services rendered by him to the institution during his term of office, and also testify to the respect and esteem entertained for him by the residents of Geelong.

A NUMBER of gentlemen met in the Town Hall, Brunswick, on May 5, to present Dr. J. V. Eccles, who has been residing there for the last three years, but who is now leaving for Melbourne, with a Silver Tea and Coffee Service, and a suitable inscribed Salver as a token of their good feeling towards him. The health of Dr. Eccles was drunk in bumpers of champagne, and the doctor thanked the donors for the unexpected gift, and expressed the hope that the same kindness that he had received in the district would be extended to his successors.

At the Melbourne Police Court, two young men, named Joseph L. Langley and George Ryder, were recently charged with obtaining money from various persons by fraudulently representing that they were medical practitioners. Their *modus operandi* was for Ryder to go round the suburbs and distribute circulars, stating that Professor Langley, or sometimes Dr. Sinclair, specialist in eye, ear, and other diseases, had just arrived from England. Next day Langley would call, and sufferers who accepted his services would be charged by him various fees from 10s. 6d. to two guineas, for medicine, which consisted of a useless mixture, but, according to the evidence of the Government Analyst, did not contain anything specially injurious. The pair imposed thus upon numerous persons. Several witnesses gave evidence of heartless frauds, the people victimised in some cases being poor families, who had to borrow money to pay the impostors. One witness stated that he came from England to Sydney in the Potosi with Langley, whose real name was Jenkins. He then represented himself to be an ironmonger in Sydney. The prisoners were committed for trial.

DR. LOUIS HENRY has removed from Collins Street East, Melbourne, to Brunswick, having, in conjunction with Dr. D. E. Stewart, acquired the practice of Dr. Eccles, who has removed to Dr. Henry's former residence. Dr. Stewart has since been appointed Government Medical Officer to the Penal Establishment at Pentridge.

THE Central Board of Health, having received a letter from the Chief Secretary asking the Board to report on a proposition by Mr. Graham Mitchell to establish a calf lymph dépôt at the Model Farm, has issued a circular to the medical profession in the colony, asking each gentleman whether he had used calf lymph for vaccination purposes, with what result, and whether, in the face of the strong evidence that the humanised lymph at present issued by the Board is perfectly efficacious, it is in his opinion advisable to establish a central dépôt for the production of calf lymph.

THE following preparations have been made by the Central Board of Health for the erection of the Contagious Diseases Hospital on the proposed site near Williamstown, viz.: Six large tents and four small ones, all floored, one doctor's house, kitchen, store, two closets, and 400 feet of fencing.

ASSOCIATION INTELLIGENCE.

NEW SOUTH WALES BRANCH: GENERAL MEETING.

The twenty-second general meeting of the Branch took place in the Board Room of the Medical Board on the evening of Tuesday, the 4th of April, at half-past eight o'clock.

There were present Dr. Fortescue, President, in the chair; Dr. Milford (Vice-President), Dr. Quaife (Treasurer), Drs. Cox, C. Dixon, T. Dixon, Warren, Shewen, Brady, Hurst, Mackellar, MacLaurin, Belgrave, Marano, Watson, and Dr. O'Reilly (Hon. Secretary). Dr. Thomas Evans was introduced as a visitor by Dr. Mackellar.

The minutes of the last (December) general meeting were read and signed, as were also the minutes of the annual meeting, held a few days previously.

The Secretary then informed the meeting that during the late recess the following gentlemen had been elected members of the Branch by the Council, viz., Drs. the Hon. William McGregor, C.M.G. (Fiji), C. S. Knaggs (Newcastle), O. F. S. Evans, John Steel, Andrew Norrie, Alfred Roberts, George J. Renwick, Edward Twynnam, George Proudfoot, and Alexander Stark Ogg (of Gundagai).

The following paper was then read:—

CASE OF LONG-CONTINUED USE OF IODIDE OF POTASSIUM.

By WILLIAM EDWARD WARREN, B.A., M.D. et Ch.M., Qu. Univ. Irel., Medical Officer to the Sydney Benevolent Asylum and Lying-in Hospital.

Mr. President and Gentlemen—I have thought the following case to be one worth recording, and with that view bring it before you.

On March 29th, 1882, A. B., *æt.* 23 years, a fine healthy-looking young man, consulted me, stating that he had contracted syphilis seven years ago, but that it was of a very peculiar and obstinate nature, inasmuch as what he called the primary sores had not shown themselves for about eighteen months subsequently to connection having taken place, and as notwithstanding the most persevering treatment, these sores had broken out several times.

On their first breaking out, five and a half years ago, he consulted a medical practitioner residing in the country, who told him they were chancres, and prescribed Iodide of Potassium for him. From that date up to the present time he tells me that he has taken Potass. Iodid. regularly (excepting for two months three years ago when he took Tinct. Ferri Perchlor. instead). He has never suffered from any secondary symptoms, and has never had sexual intercourse, except on one occasion, that being seven years ago. He took Iodide of Potassium in the following doses—*grs. v. ter* in die for one year; then *grs. 7½ ter* in die for two years; then *grs. x. ter* in die for one year; he then rapidly increased the dose until one drachm was taken three times a-day. He had taken this dose regularly during the month previously to his consulting me.

He was rather depressed in spirits, and complained of great loss of memory. He states that he has not lost sexual desire, and that he occasionally has seminal emissions during the night. He never had symptoms of Iodism, except at the commencement of the treatment, and then only very slightly.

I examined him, and found that he was suffering from Herpes Preputialis, and that the testicles were considerably atrophied, being each about the size of an almond.

He related the particulars of his case very exactly, and had some knowledge of drugs, as he had been brought up to the business of a dispensing chemist.

I gave it as my opinion that he had never contracted syphilis, and that his complaint was Herpes Preputialis, I desired him to discontinue the Iodide of Potassium, and prescribed for him Tinct. Nucis Vom.; liberal diet, and plenty of fresh air.

The case is an interesting one for two reasons:—

- 1st. As Herpes Preputialis was evidently mistaken for chancres.
- and. As it shows what a remarkable tolerance of the drug some people exhibit.

In reply to Dr. Milford, Dr. Warren stated that the patient had given him to understand that he had never indulged in the practice of masturbation.

Dr. MILFORD stated that he had known that practice to cause wasting of the testes.

Dr. FORTESCUE did not think the wasting of testicles due to taking Iodide of Potassium. In his practice he had known it to be taken for two years, and this was not anything uncommon.

Dr. MACLAURIN thought that the wasting of the testicles might be attributed to taking such large doses.

Dr. FORTESCUE had known ten to twenty-grain doses to be taken over three years.

Dr. WARREN, in reply to Dr. Cox, said the patient was well developed in every way, with the exception of testicles. He did not notice wasting of any other glands.

Dr. COX thought it possible the drug might have been adulterated.

Dr. WARREN saw no cause for such a supposition.

Dr. WARREN then said his patient had taken—

For first year	5 grains	three times a day
For second and third year	7½ "	" "
For fourth year	10 "	" "

which soon increased to dram doses, which he had taken for a month before coming under his—Dr. Warren's—care.

Dr. FORTESCUE said small doses seemed to produce Iodism more than large ones.

Dr. THOMAS DIXON said Dr. Balfour had found that tendency to Iodism was often stopped by increasing the dose.

Dr. COX said that he was about to bring before the meeting what he considered to be a matter of public interest. He then related that about two months ago he was suddenly summoned to one of the lodging houses in the neighbourhood to attend what was stated to be a case of poisoning. On his arrival he found a lady who was suffering great agony in the mouth and vomiting violently. In reply to his question as to what poison she had taken, she pointed (being unable to speak) to the bottle produced and labelled "Laver's Disinfecting Fluid." He afterwards learned that the lady in question had come in rather exhausted and gone to the servant's hall, where she mistook the bottle produced for one containing beer. [Dr. Cox here drew the attention of the meeting to the similarity of the bottle to a beer bottle.] She poured out a tumblerful of the fluid and took a mouthful, a portion of which she swallowed before discovering her mistake. He treated her with rice-water, oil, and the like. For some time he thought she would die, but was pleased to see she soon rallied. Even at the present time, however, he was not sure that there would not be contraction of the gullet. He had been prompted to bring this matter before the Association, as he thought some restrictions should be employed against endangering, perhaps, the lives of many. This mixture seemed to him to be a strong alkali, but was unable to speak with any certainty. He had mixed carbonate of soda with it, but it did not make it effervesce. He had also tried vinegar, but no such effect was produced by this either. He had used these two things simply because they were handy at the time. It might, it occurred to him, be as well to request the Secretary to communicate with the Pharmaceutical Society on the subject.

Dr. O'REILLY here stated that he was glad that Dr. Cox had brought this matter forward, as he had had two similar cases. The first a child named Maxwell, four years of age, who partook of the same fluid in mistake for gingerbeer, it being on that occasion kept in a gingerbeer bottle. Stricture of the oesophagus took place; the child lingered for three or four years, and died. The second case was one of a child named Gough, three years of age, who made the same mistake, namely, thinking it was gingerbeer. This case also lingered three or four years, during which time milk was his only nourishment, he then died. He believed the fluid was a strong solution of Caustic Potash.

Dr. COX, in reply to Dr. Fortescue, said that the acute symptoms in the case of his patient had passed off. He thought only a very small portion could have been swallowed.

Dr. BELGRAVE said that he thought the Pharmaceutical Society should be communicated with on the subject.

Dr. MACLAURIN said that the Pharmaceutical Society had no more power to act in the matter than the Branch had, and before the Association took any steps in the matter they had better know what the Poisons Act said upon the subject.

Some further discussion ensued, in which Drs. Belgrave, Milford, Cox, Craig Dixon, and MacLaurin took part. Ultimately Dr. MacLaurin moved and Dr. Belgrave seconded and carried that a sub-committee should be appointed, consisting of Drs. Cox and O'Reilly, who would investigate the matter and report to the Council.

Dr. WARREN then moved his resolution, standing on the business paper as follows:—"That country members, that is, those who reside at a greater distance than ten miles from Sydney, be empowered to vote by proxy in the election of the Council and officers of the Society."

Dr. WARREN added that it was desirable to create an interest in the Branch on the part of the country members in the way of contributing papers, &c. He thought it only right that the same privileges should be extended to them which the town members enjoyed. He also thought that printed lists of the names of all the members of the Branch should be sent out prior to the annual meeting, for voting purposes.

The motion was seconded by Dr. MILFORD.

A long discussion followed as to the legality or otherwise of the members voting by proxy. It was ultimately decided, on the motion

of Dr. Shewen, seconded by Dr. Cox, to leave the matter in the hands of the Council, who would endeavour to devise some means of carrying out Dr. Warren's motion.

The report of the Committee appointed to investigate the working of Friendly Societies was next read, at the conclusion of which Dr. Craig Dixson said that the matter embodied therein was of so much importance, he considered the meeting should adjourn its discussion, and that the report deserved to be printed.

Dr. WARREN considered that the report should be referred back to the Committee to be curtailed, and moved a resolution to that effect, which Dr. Hurst seconded.

Dr. O'REILLY thought that as the report had been rejected by the Council it could not be discussed by the general meeting, and that it would be better to read a motion standing in Dr. Belgrave's name. Dr. Belgrave's motion, as under, was then read:—"That reports of Committees be read to the Association, whether approved of or not by the Council."

Dr. BELGRAVE did not consider the Council had any right whatever to accept or reject any reports of Committees appointed at general meetings. He believed that such power was altogether contrary to the practice of the parent Association.

Dr. MACLAURIN said that he considered the Council acted most wisely in rejecting the report just read, and if they had not conceded so far as to allow it to be read, much valuable time would not have been wasted.

Dr. MILFORD said that the Council were a working body of men, who were appointed by, and had the confidence of, the members. It was within their domain to deal as they thought fit with any papers or reports connected with the Association. He then referred to the Royal Society, the Australian Medical Society, and other kindred bodies, who were all ruled by, and were subject to, the management of their respective Councils.

Dr. O'REILLY said he thought it would be as well if he explained the history of the report in question. A Committee had been appointed to investigate the working of Friendly Societies. Their report was presented to the Council, and rejected for several reasons. Upon its fate becoming known the Secretary of the Committee in question obtained the signature of seven or eight members of the Branch to a requisition for a special general meeting. The Association, however, not being in session at the time, the Council did not deem it expedient to call such a meeting, but in reply said that the report referred to would be read at the first regular general meeting.

Dr. BELGRAVE thought that as no information could be obtained as to the custom of the parent Association in similar cases, the matter should be referred home.

Dr. MILFORD objected to the matter being referred to the parent Association. He thought that ten Councillors were quite able to judge what should or should not be brought before the general meetings, otherwise valuable time might be taken up by all sorts of absurd reports. The Council, whose business it was, could devote their time to going into details, but not so with general meetings. The action of the Council in the matter before the meeting was strictly in accordance with past practice. For his part he did not think the parent Association had any rule which would condemn their action. If they had, perhaps Dr. Belgrave would point it out.

Dr. BELGRAVE said he was unable to point out such a rule, and as Dr. Milford did not know of any, he begged leave to withdraw his motion.

Several gentlemen now spoke to Dr. Belgrave's motion.

Dr. HURST moved a resolution that all reports rejected by Council should be laid before the general meetings, which Dr. Brady seconded.

Dr. Cox said that in all other Societies reports and papers had to go through the Council, and he thought it ought to be so with this one.

Dr. SHEWEN, in speaking to Dr. Hurst's motion, said that it was a question whether the Council had power or not, and it should be settled at once and for good.

Dr. MACKELLAR moved as an amendment on Dr. Hurst's motion that all reports of Committees be read before general meetings and not go before the Council at all. Dr. Shewen seconded this.

Dr. MILFORD then moved as a further amendment that all reports be referred to the Council for acceptance or rejection, their decision to be final.

This was seconded by Dr. Cox, and declared to be carried.

On the original motion being put to the meeting it was rejected.

The remaining business on the paper was postponed.

VICTORIAN BRANCH: ORDINARY MEETING.

Hall of the Royal Society, Thursday, April 27th, 1882.

The President, Dr. NEILD, occupied the chair.

The Honorary Secretary, Dr. HENRY, reported the election of Drs. Clarke, Walter Scott, and Friedman as members of the Branch.

Among the correspondence read was a letter from Dr. Carstairs, of Geelong, asking for information as to when the medical papers read before the Social Science Congress of 1880 would be published. In a conversation which thereupon took place it was stated that the delay in their publication appeared to be entirely chargeable upon Professor Elkington, the Secretary of the Congress.

The Report "On the Inadequate Remuneration of Medical Witnesses in Police and other Government Cases," as agreed upon at a conference of the Committee of the Medical Society and the Council of the Association was then read. The report was adopted, and it was resolved that contingent upon the report being adopted by the Medical Society, the Honorary Secretary of the Association be empowered to confer with the Honorary Secretary of the Society, with a view to arranging for a deputation to the Government, to submit the grievances complained of. [The report of the conference appeared in a former number.]

The Government Medical Officer, Dr. SHIELDS, suggested that in any case of alleged rape of a child a medical man should not make the examination without an understanding as to the fee, which he thought ought to be at least ten guineas, in consideration of all the annoyances that surround such a case. Dr. Shields made some further observations upon the subject of lunacy certificates, dwelling particularly upon the reluctance of medical men to sign these legal instruments. He thought the time was opportune for urging the appointment of boards of experts, who alone should have the right—and be protected in that right—of giving these certificates.

Dr. LE FEVRE and Mr. GILLBEE urged that the principle of employing only experts ought to be adopted also in the making of post-mortem examinations, both on account of the value of special knowledge and because of midwifery practice.

Mr. RUDALL, who during his recent visit to the old country had visited the principal hospitals in America and Europe, then read an especially interesting paper, entitled "Short Notes on Surgical Practice in Europe and America," which will appear in our next issue. Mr. Rudall was warmly complimented upon the care with which he had made his observations, and in the course of the conversational discussion which followed, Mr. GILLBEE inquired whether the closet used in the New York Hospital was the ordinary water-closet.

Mr. RUDALL, in reply, said "yes," and stated that the construction was so perfect that there was no offence and hardly any soiling.

Dr. LE FEVRE thought the water-closet system was the best. The traps prevented smell and there was provision for keeping the pan full of water.

In reply to a question as to the curriculum of American medical men, Mr. RUDALL said that it was the custom of the best class of American medical men to complete their studies abroad. Mr. Rudall further explained that Sayre complained of his method being very much abused; there was too much swinging; it ought to be done gradually and gently.

The meeting then closed.

THE German Empire does not seem to be badly supplied with medical men. According to Dr. Börner's *Reichs-Medicinal Kalender*, published this year, there are 17,591 physicians and 4,457 apothecaries registered in that country. Of hospitals in existence there number 2,576, with 127,062 beds. In the whole Empire there are 3'26 physicians to every thirty square miles of country; and to every 10,000 inhabitants an average of 329 physicians. In the twenty medical faculties of Germany, 198 ordinary, and 136 extraordinary professors, and 186 *Privat-docents* are employed in teaching. There are 56 learned medical societies in all Germany, with 5,663, 18 sanitary associations, with 6,492 members; and 12 associations for the protection of medical rights. The number of medical and sanitary periodicals issued last year amounted to 83.

PUBLIC HEALTH.

A CASE of smallpox in Melbourne was reported to the Government on Monday, April 17th. The patient, a Miss Southern, only recently arrived from Adelaide, had been ill since the 10th April, suffering apparently from fever, and had been attended by Drs. Balls-Headley and Shields. The confluent symptoms of the disease did not manifest themselves till Sunday night, when the patient was examined by Drs. Youl and Girdlestone, who pronounced it a clear case of variola. The patient and her mother were at once sent by a Government steam tug to the quarantine ground, and all necessary precautions were taken to prevent the spread of the disease in the city, in the way of isolation of infected premises, disinfection, and vaccination of all persons likely to have been exposed to contagion. Since the removal of the patient to the sanatory station some doubt has been expressed, even by experienced medical men, whether the case is not after all merely one of severe chicken-pox, but Dr. Bulmer, telegraphing from the quarantine station, says:—"I have no hesitation in saying that if this case is not variola there never has been one here for the past sixteen months."

TYPHOID is alarmingly prevalent in the township of Drysdale (Vic.), where there are twenty-one cases in a population of only 300. The local State school teacher has died of the malady, and the school has been closed. The fever is supposed to have originated in defective drainage.

TYPHOID FEVER in a severe form is prevalent at Richmond, a suburb of Melbourne. One patient, who is most severely attacked, resides at a dairy, and it is supposed that the disease spread from this establishment. To prevent further spreading of the disease by the sale of milk, the Central Board of Health has ordered all the local dairies to be closed.

TYPHOID FEVER is on the increase in Melbourne and the suburbs. There are twenty cases in the city and thirty in the Alfred Hospital.

No less than twelve cases of scarlet fever are reported to have occurred at the Ballarat Orphan Asylum during the last two months, one of which proved fatal. Sundry cases of the same disease have also been reported outside of the hospital.

SCARLET FEVER is very prevalent at Euroa (Vic.).

SEVERAL cases of typhoid and scarlet fever are reported from Ararat and St. Arnaud (Vic.).

TYPHOID FEVER of a mild type is very prevalent in Sydney just now.

DIPHTHERIA and scarlet fever are prevalent at Forbes (N.S.W.).

DIPHTHERIA is also prevalent at Armidale (N.S.W.); several deaths have occurred.

WITHIN the municipality of Brisbane 71·74 per cent of the deaths during the month of March were of children under five years; the rate in the suburban parts of the district having been 41·18, and the rate in the whole Registry District 63·49.

THE true infantile mortality, or deaths under one year, as compared to births in the district of Brisbane, has been 27·96 per cent. within, 20·00 per cent outside the municipality, and 26·0 in the whole Registry District during the month of March.

TYPHOID FEVER and dysentery are prevalent at Maryborough, Queensland.

IN the vicinity of Hawker's Creek, at Port Adelaide, there are six cases of typhoid prevailing, all of which are ascribed to the baneful emanations from the bed of the creek. One man recently died from this fever within a short distance of this apparently prolific source of disease.

TWENTY-FIVE cases of measles, one of scarlet fever, three of scarlatina, and two of typhoid have been reported to the Local Board of Health at Auckland (N.Z.) between March 16th and April 6th.

ALTHOUGH the total number of deaths in the boroughs of Auckland, Wellington, Christchurch, and Dunedin was 87 in February against 94 in January, yet the deaths from zymotic diseases increased in number from 26 or 27·66 per cent. in January to 28 or 33·19 per cent. in February. Scarlet fever caused 6 deaths, of which 5 were in Auckland, against 2 deaths in January, both in Auckland. Constitutional diseases caused 15 deaths in February,

against 17 in the previous month. The deaths from cancer were 2 in February and 5 in January. The deaths from phthisis were 9 in February, against 6 in January. There was a marked decrease in deaths from local diseases in February, the numbers having been 24 in February, against 32 in January; diseases of the respiratory organs having caused only 4 deaths in February, against 11 in January.

DURING the month of February 134 deaths were registered in the fifteen principal towns of New Zealand; 67 of the deaths were of children under five years of age, being 50 per cent of the whole number, 47 of these were of children under one year of age.

TYPHOID FEVER is very prevalent at Pleasant Point (Prov. Canterbury), and several deaths have recently occurred from the disease.

NO LESS than thirty patients in the Sydney Hospital are suffering from typhoid fever. One case has arisen within the walls of the institution, the patient being a nurse.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 2s. 6d., which should be forwarded in stamps with the announcements.

BIRTHS.

- M'KILLOP—On April 3rd, at Bombolee, Tumut, N.S.W., the wife of Robert M'Killop, F.R.C.S.E., of a son.
 NICHOLSON—On April 6th, at Benalla (Vic.), the wife of John Nicholson, of a son.
 REES—On April 15th, at Hindmarsh, S.A., the wife of Dr. John Rees, J.P., of a son.
 RICHARDSON—On April 24th, at her residence, Crawford Street, Oceanbayan, N.S.W., the wife of Sidney L. Richardson, M.R.C.S.E., L.R.C.P. Ed., of a son.
 SHAND—On April 13th, at Port Elliot, S.A., the wife of Henry M. Shand, M.D., of a daughter.
 TAYLOR—On April 17th, at 2 Harris Terrace, George Street, Brisbane, the wife of W. F. Taylor, M.D., of a daughter.

MARRIAGES.

- CALDER—WHITELEY—At Levuka, Fiji, on April 4th, by the Rev. A. J. Webb, Robert Calder, M.B. et Ch.M., Government Medical Officer and Stipendiary Magistrate at Taviuni, to Helene, daughter of the late Joseph Whiteley, Esq., of Boulogne, France.
 LETHBRIDGE—MERCER—On April 30th, at St Andrew's Church, Campbell Town, Tasmania, by the Rev. A. Michie, Robert Wellesley Lethbridge, M.B. et Ch.M. Ed., to Ada, daughter of the late James Mercer, of Morningside, Tasmania.
 MATHESON—ALLDIS—On February 27th, at Rockhampton (Q.), by the Rev. Alexander Hay, M.A., Murdoch Matheson, M.D., Aramac (O.), to Amy Barkley, daughter of the late Henry Alldis, Esq., grazier, Yass, N.S.W.

DEATHS.

- BEDFORD—On April 3rd, at Lebruna, Hunter's Hill, near Sydney, Mary, widow of the late Edward S. P. Bedford, F.R.C.S.E., aged 70 years.
 BROWNE—On April 30th, at Drummond Street, Carlton, Melbourne, Ellen Josephine, daughter of Dr. Valentine Browne, aged nine months.
 DASHWOOD—On April 27th, at Farina, S.A., William Henry Dashwood, M.R.C.S.E., 1858, of Blinman, from Cirrhosis Hepatis, aged 45 years.
 GERARD—On April 17th, while on his way for medical treatment, from Cooroora to Rockhampton, Queensland, from aneurism of the heart, John Kitson Gerard, eldest son of John Gerard, M.R.C.S.E., of Hunter's Hill, in his 42nd year.
 HALE—On April 3rd, at Walroa South, N.Z., Robert James Hale, M.R.C.S.E.—1840, M.D. St. And. 1841, L.R.C.P. Lond. 1849, aged 64 years.
 MARKS—On April 25th, at Casterton, Vic., Kathleen, wife of E. G. K. Marks, M.D., aged 29 years.
 NICHOLSON—On April 11th, at Benalla, Vic., Margaret, wife of John Nicholson, M.D., aged 25 years.
 PHILLIPS—On March 30th, at 4 Warwick Terrace, Drummond Street, Carlton, Melbourne, John Phillips, L.R.C.S. Edin. 1831 et L.A.H. Dub. 1841, aged 71 years.
 SAM—On April 13th, at Forbes, N.S.W., Seth Sam, M.R.C.S.E. 1854.

PAMPHLETS, &c. RECEIVED.—From Dr. T. Hope Lewis, the Resident Government Medical Officer at Rotorua, N.Z., the new township in the Hot Springs district, a copy of a monograph of 36 pages in quarto, issued by the Government Printer in Wellington, entitled "New Zealand Thermal Springs Districts."—Papers relating to the Sale of the Township of Rotorua, established under the Thermal-Springs District Act, 1881, with maps and plans of the district and township; together with information relating to the Hot Springs Districts, by F. V. Hochstetter, the Hon. Sir W. Fox, Miss C. F. Gordon-Cumming, and others; also a Report on the Mineral Waters of New Zealand, by Dr. J. Hector.—The Nineteenth Annual Report of the Daylesford District Hospital and Benevolent Asylum for the year ending December 31st, 1881, from the Secretary, Mr. J. Monotti.

SHORT NOTES ON SURGICAL PRACTICE IN EUROPE AND AMERICA.

By JAMES T. RUDALL, F.R.C.S.,

(Hon. Oculist to the Victorian Asylum for the Blind, Melbourne.)

I wish to make a few remarks on some of the professional subjects which fell under my notice during my late visit to America and Europe, in the hope that they may not be wholly without interest to the members of our colonial branches of the British Medical Association. In New York there is a considerable number of hospitals, some of them admirable, and some not so good. In the first class they are built fire-proof, with a large cubic space, as well as superficial area for each bed, with good ventilation and excellent closets and drainage, and with floors of Minton's tiles. The latest addition is the Hospital for Diseases of the Eye, Ear, Throat, and Nervous System. It was not completed at the date of my visit, but Dr. C. R. Agnew very kindly took me over it. The operating-room is lighted by the electric light, which, besides affording excellent illumination, permits the use of ether in operations at night. In this, as well as in the New York Hospital in 16th street, the kitchen is at the top of the building. In the last named hospital the beds are of iron framework, with elastic wire netting, and a hair mattress. Besides the kitchen and laundry there is also at the top a conservatory, with fresh and salt water aquaria. I am indebted to Dr. Carnochan for his kind attention in personally introducing me to Dr. Vanderwoort, the librarian, who took me into the pathological museum, and also showed me the portraits of some of the old surgeons of the hospital, among whose names are the deservedly honoured ones of Valentine Mott and Post. A horse ambulance is always in readiness at this hospital. The Roosevelt Hospital in 59th street and 9th avenue was founded by a rich gentleman of that name. The superintendent, Dr. Paine, has nothing whatever to do with the treatment of patients. This hospital is built on the pavilion principle, it contains about 150 beds, but it is scarcely more than half finished. The floors are of wood, so it is not absolutely fireproof. In these hospitals the junior resident staff are not paid, but they obtain their appointments through examination by the Physicians and Surgeons. The "Bellevue" is an old hospital of four divisions, with 64 beds in each. It is supported by a rate, and it admits no patients except from within the limits of the city of New York. The polite attention of the house surgeon, Dr. Wilson, and his readiness to give information on the practice pursued, contrasted most agreeably with the reception just before given to me in the office. Although I had been told that it was unnecessary, I should advise any stranger to obtain a letter of introduction from some person in authority before visiting this hospital. The flooring is bad, the wards are dark, the beds are stuffed with straw, and the bed tickets are small and imperfect. In my opinion the hospital should be pulled down and rebuilt. Soon after arriving in New York, I visited Dr. Sayre, so well known by his treatment of curvatures of the spine. I was a frequent visitor at Dr. Sayre's consulting-room during my stay in New York city, for he very kindly invited me to come every day if I pleased. It is not necessary to give any description of his method, the high value of which was sufficiently demonstrated to me by the cases I saw there; but it may not be superfluous to remark that Dr. Sayre cannot fairly be held responsible for abuse of his treatment in the hands of others, and that to obtain success, the details require attention, which must never be relaxed. Dr. F. N. Otis was good enough to allow me to witness his operation of internal urethrotomy in several cases of severe urethral stricture. In order to understand his practice we must be aware that he contends:—(1.) That stricture is rarely, if ever, situated behind the bulb. (2.) That there is an invariable ratio between the circumference of the penis and the calibre of the healthy urethra. (3.) That in order to cure inveterate stricture permanently, every portion of contracted cicatricial tissue must be divided. The practical surgical therapeutics thus demand: (a) Accurate measurement of the seat and extent of the stricture in each of its dimensions. (b) Knowledge of what should be the calibre of the urethra in the

case in view. (c) Complete division of the contracted tissue in its whole length and breadth. When this last condition has been perfectly attained, the stricture, according to Dr. Otis, never recurs. The stricture armamentarium of Dr. Otis comprises a series of metallic bulbous sounds, a urethrometer with a graduated index on the handle showing the extent to which the blades are separated (in the urethra), and an expanding urethrotome with a cutting blade and graduated scale, so that by putting the stricture somewhat on the stretch, a complete division can be effected. That this has been accomplished, must be proved by passing without difficulty a bulbous sound corresponding with the normal calibre of the urethra. The urine is generally drawn off with the catheter a couple of times after the operation, but as he considers that there is no danger of urinary infiltration, Dr. Otis does not insist on this always. The meatus being the narrowest part of the healthy urethra, it is often necessary to widen this by incision at the commencement of the operation. The first patient I saw operated on did not desire anaesthesia. The meatus was slowly incised downwards, so that it admitted the proper sized bulbous sound, then the distance to be cut, already ascertained, being measured off on the expanding urethrotome, the latter instrument was passed and the incision of the stricture was effected by drawing the blade nearly up to the meatus. On examination it was found that a small band behind interfered with the passage of the full sized bulbous sound. This band, less than half-an-inch long, was divided with the urethrotome, and thereupon the same sound was easily passed into the bladder. There was not much bleeding at the time, but Dr. Otis bandaged the penis. In the second case the patient was put under the influence of ether, but otherwise the steps of the operation, viz., incision of the meatus, verifying its sufficiency, feeling the stricture, introduction of the dilating urethrotome, and use of the cutting blade, were much the same. We then visited a patient who had been operated on the day before (he appeared very comfortable and looked well. Dr. Otis's method of internal urethrotomy has of course met with sharp criticism, and has found many opponents; but of the latter, some have since become advocates of it, after having given the operation a trial, and among them is Dr. Curtis, who obtained the Cuviale prize of 2000 francs. Dr. Otis, after a large experience informs me that he has never had a death from the operation, neither has he ever regretted having performed it. The question as to the best anaesthetic in surgical operations is by no means a settled one, and in America there is still a considerable number of surgeons who appear to prefer chloroform to ether. It is, I think, quite apparent that ether can never entirely supersede chloroform. The American method of administering ether on a folded towel or on a sponge, or with a covered frame of cardboard, is one to which there are serious objections. The patient is apt to be deluged with liquid ether, the apartment is filled with the fumes, and it is difficult to maintain anaesthesia throughout the operation, nor is the risk of an explosion from the ether vapour taking fire to be left out of the account. These inconveniences came forcibly before me when eight years ago I began to employ ether in my own practice. I accordingly made trial of the ether apparatus of Hawksley, but I found it to be unreliable. Subsequently I used Clover's ether inhaler, and have had reason to be fairly satisfied with it, but in not a few cases it has appeared desirable to maintain anaesthesia by chloroform, and in order to avoid the necessity of taking away the inhaler, and using some other means for administering chloroform, Messrs. Mayer and Meltzer have adapted a valve through which chloroform can be put in, if it is found advisable. Besides witnessing some operations in the general hospitals, I had the advantage, by the courtesy of Dr. H. Knapp, editor of the "Archives of Ophthalmology," of repeatedly attending at his clinique, where a large number of eye and ear patients are very carefully and skilfully treated.

Not only is there a great number of German practitioners in New York city, but besides that many of the American surgeons have studied in Germany, and I believe that this has had a most favorable influence on American practice. I had likewise the pleasure of making the acquaintance of Dr. St. John Roosa, well-known as the translator of the work of Von Trötsch, and also by his own excellent systematic treatise on Diseases of the Ear. In some at least of the hospitals in New York, there are special departments for syphilis, diseases of the skin, for orthopaedic surgery, &c., but this differentiation of practice is carried out to a greater extent on the continent of Europe. For instance, in the K. K. Krankenhaus at Vienna there are three professors of ophthalmology, each having a large clinique, two professors of otology, others for laryngology, syphilis, and several other special branches.

(To be continued.)

CAISSON FEVER, SO CALLED.

Read before the N. S. Wales Branch of the British Medical Association,

By ALFRED SHEWEN, M.D., LOND.,
Physician to St. Vincent's Hospital, Sydney.

The effects of compressed air upon the animal body have been studied, and articles written upon the same during the last 25 years. As far back as 1857, Fleury wrote an article in the *Revue des deux Mondes*, entitled "The physiological effects of compressed air"; and in the same year in Muller's Archives, there appeared a paper by Hoppe styled "The influences which a change of air-pressure exerts upon the blood." In 1860 Francois wrote an article for the *Annales d'Hygiène*, under the heading of "The effects of compressed air upon workmen working in caissons," and in Virchow's Archives for the same year there is a paper by Vivenot on "The effects which a change of air pressure produces upon the human organism." Since that date numerous investigators have written elaborate articles upon this subject, and I should only weary you by giving you their names.

I need hardly add, therefore, that the effects of compressed air, as well as the effects of changes of air pressure upon the human body, have been well known to the scientific world for several years past. Nevertheless if we are to be guided by the disastrous accidents, if I may so call them, which have lately occurred in the employment of caissons for building the bridge at Iron Cove, it would seem that they who had the superintendence of those works were unaware of the precautions necessary to be taken when men are exposed to great changes of atmospheric pressure. It is to the causes of these accidents that my paper more particularly applies. Here you will see is a cardboard section model of the cylinder and the air-lock. The cylinder is made up of segments 3 feet 6 inches in diameter and 6 feet long, placed one on the top of the other, and joined together by the ordinary flange arrangement. It communicates by means of a pipe with a powerful air-pump, and by means of a second pipe with the air-lock above it. The air-lock is an iron chamber similar in size and appearance to one of the sections of the cylinder, and is screwed down air-tight on top of the cylinder. It has a door at the top opening to the external air, and a door in the floor leading to the cylinder below, both of which open downwards, and are capable of being screwed up air-tight. This chamber communicates with the cylinder below by means of a pipe, and with the external air by means of a second pipe, to both of which cocks are attached, so that the communications may be cut off at any time. The mode of working the apparatus is this: The lower door of the air-lock being closed, and the cock of the air-pipe which unites the air-lock and the cylinder being turned off, air is driven into the cylinder under great pressure until the water and mud are compelled to recede so far that the bottom or nearly the bottom of the cylinder can be reached by the workmen. In order to accomplish this, it is found that a pressure varying from 45 to 50 lbs. to the square inch is necessary. The men who are going to work down below now get inside the air-lock, the upper door is shut, and communication with the cylinder is opened by means of the pipe I have mentioned. When the pressure in the air-lock approaches that in the cylinder the lower door falls open and the men can descend. I believe as a rule the men remain below from three to four hours, at the end of that time they ascend to the air-lock, the lower door of which is then closed, and communication is opened between the air-lock and the external air. When the pressure within the air-lock is sufficiently reduced, the upper door falls down and the men emerge. I am told that it occupies from half-a-minute to a minute to reduce the pressure within the air-lock sufficiently to allow the upper door to be opened. And as may be easily imagined, the men are nearly frozen in the process, owing to the sudden evaporation.

I now come to the question as to the cause of these men having been so suddenly seized a few minutes after reaching the shore. Would the sudden chill account for it? I think not, for all of us have been frequently exposed to sudden changes of temperature without feeling any ill effects. Was it that they were exposed too long to a very high atmospheric pressure, as has been stated by some? This theory would not account for them having been taken ill *after* being released from the pressure. Indeed it is stated by many of very high authority that very few ill effects follow from working in compressed air. Hirt, in Ziemssen's Handbook of Special Pathology and Therapeutics, in an article entitled "The effects of compressed air upon the working man," mentions this fact particularly, and says that the injuries which follow are usually unimportant. Again, Siebe, in his

little work, "The conquest of the sea," says—"We have no doubt, after a long-continued experience, that as a rule diving is not injurious when conducted under ordinary precautions." But both these authorities, as well as many others, draw attention most particularly to the precautions which are necessary when we are passing from a higher to a lower atmospheric pressure. Hirt, in the article I have mentioned before, says "that it has been a well-known fact for a very long time that the return to normal atmospheric pressure must be made most gradually and cautiously, and that the neglect of proper precautions may lead to most disastrous consequences, that sudden death may indeed even take place, through the rapid development of gas within the blood, and the interruption of the circulation."

M. Paul Bert, in an article entitled "Experimental researches with regard to the effect which a change of barometric pressure exercises upon the phenomena of life," which was placed before the Academy of Science of Paris, in 1871, draws attention to the great danger of a sudden transition from compressed air to the outer atmosphere. He says, that "When the compression is carried to the extent of eight atmospheres, sudden transition is fatal to man, and that even in cases of lower compression, the injuries, though not necessarily mortal, are very serious. It has been found by experience that men working under compressed atmosphere should not be allowed to quit it except very gradually, and under full precautions as to the effects produced upon them. The autopsy of animals killed by such transition showed that the spinal marrow was reduced to nearly a fluid condition." To show how all important the slow and gradual transition from a greater to a lesser pressure is to a diver, I may quote the following passage from Siebe:—

"A short time since some experiments were made to test the capabilities of some Greek divers in a depth of thirty fathoms. One went down that depth and remained a quarter of an hour; a second descended and remained down an hour and a quarter. The parties in charge were satisfied and ordered him to be brought up. This operation should have occupied about twenty or thirty minutes, whereas from the time of his leaving the ground to his arrival on deck occupied not more than seven minutes. Immediately he began to expand, and eventually died eight or nine hours afterwards. The whole of his tissues were found charged with atmospheric air."

Again he says:—

"By a despatch received from H.M.S. Challenger, on a voyage of scientific exploration, we are furnished with an illustrative fact exhibiting the danger to which a diver is liable from rising too rapidly to the surface after having been engaged in diving operations at a considerable depth.

The soundings taken by the Challenger on her passage from Lisbon to Gibraltar show that a gentle slope extends from the Lisbon shore into deep water in the direction of Madeira. A common fishing trawl was lowered to the bottom, a depth of three-quarters of a mile, and on being hauled up again to the surface not only did it contain in great abundance beautiful specimens of corals and sponges, but several deep-sea fish were found captured. These latter arrived at the surface nearly dead, the expansion of the air in their bodies on being relieved from the pressure of the water at such depths proving sufficient to tear them open and to render them anything but graceful in appearance as they floated on the surface of the water with enormous protruding eyes and with stomachs inflated."

I think I have now quoted enough to show that the sudden or anything like the sudden transition from a very high to the ordinary atmospheric pressure is accompanied by a very great risk to life. And I am very much inclined to think that the accidents which have lately happened at Iron Cove were entirely due to the pressure within the air-lock having been too quickly reduced. The physiological explanation of the attacks to which these men were exposed is not a difficult one. We must first of all bear in mind that the blood of the body is, through the lungs, directly exposed to the atmospheric pressure of the air we are breathing. And that as the atmospheric pressure is increased so the blood will, in accordance with the well-known laws of physics, absorb an increasing quantity of atmospheric air. Well, the blood of these men was exposed for something like four hours to a pressure of 45 to 50 lbs. per square inch, does it not follow then that their blood must have absorbed a very unusual amount of air? I think there cannot be any question that such was the case; that, in fact, their blood, after an exposure of four hours to the gases composing the atmospheric air, became charged with gas in solution, just as the water in an ordinary gasogene becomes charged with carbonic acid when it is exposed to this gas under great pressure. No doubt it would take some little time, probably an hour or two, before the blood would dissolve as much air as it was capable of doing. Still I think you will agree with me that the blood after an exposure of four hours would have absorbed some air. Such being the case then, what would be the result of a sudden release of pressure? Very much such a result as occurs when the pressure is taken

off the water which is drawn from a gasogene, it would in fact become full of bubbles of air. The pressure in the air-lock at Iron Cove was never suddenly reduced from four atmospheres to one, but that it was reduced too quickly to allow the blood to give up through the lungs the abnormal quantity of air it had dissolved in it, I have no doubt whatever. And further I would venture the opinion that nine out of ten men might work for four hours under a pressure of four atmospheres with perfect safety, if the return to the lower pressure were made very slowly. This could be managed with perfect ease in the air-lock I have described, by blowing off the air very slowly. At least a quarter of an hour should be occupied in the removal of the first atmosphere, the second might take ten minutes, and the third five, making half-an-hour in all. I think it of the greatest importance that the reduction at first should be very slow indeed. Were the shifts of shorter duration, I do not doubt that the pressure might be reduced more rapidly without any evil consequences.

NOTES ON THE ETIOLOGY OF TYPHOID FEVER.

(Read before the Medical Section of the Royal Society of New South Wales.)

By CHARLES KINNAIRD MACKELLAR, M.B.,

Member of the Board of Health for New South Wales.

I propose to read before the Section this evening a few short notes on the Etiology of Typhoid Fever. I had almost begun my paper with an apology for introducing this oft discussed subject, as I must acknowledge that I have nothing new or original to say concerning it. But when I reflect that in this fell disorder we have one of the worst plagues which afflict the civilized world, and one moreover which is at the present time raging with unusual violence throughout all the Australasian colonies, I feel that apology is unnecessary. It surely behoves us to consider and discuss what many of us deem a preventable disease, which in the United Kingdom sweeps into the grave not less than fifteen thousand persons annually, and which in this country causes an average mortality equally great in proportion to the population. But even from these alarming figures one hardly realizes its shocking nature, for there are at least ten persons affected for every one who dies, and a large proportion of its victims are about middle life.

It has been called *par excellence* "the pauperising fever," for among the labouring classes, when the head of the family is struck down by it, all income ceases, while the hard-earned savings rapidly disappear in providing the expensive drugs, and what have been somewhat facetiously called the "medical comforts" necessary to the treatment of the disease, and frequently the misery only ends in the death of the bread-winner, often followed by the long illness and perhaps subsequent death of the wife, whose frame, debilitated by long and anxious watching, proves but ill calculated to withstand the trying nature of the disease; the group of orphans is thus left a burthen upon the charitable institutions of the country, and in my opinion this contingency, in addition to many other very potent arguments, may be adduced as a reason why the state should directly interfere in order to eliminate some of the causes which seem to many of us to conduce very largely to its dissemination. At the present time it is rife throughout the Australian colonies; we seem to be in the midst of an epidemic, of what has almost come to be thought an endemic disease, and one moreover which many of us consider to be non-infectious, but simply in a vague way caused by defective drainage, contaminated milk, or polluted water supply.

We learn from the last number of the *Australasian Medical Gazette*, that in the township of Drysdale, Victoria, there have been 21 cases of typhoid in a population of 300, that the local state school teacher has died of the malady, and that the school has been closed; this outbreak is supposed to have originated in defective drainage;—that at Richmond, Victoria, it is prevalent in a severe form, one patient who has been very severely attacked resides in a dairy, and that as there is a suspicion that the disease may have spread from this establishment, the Central Board of Health have, in a somewhat high-handed, although if their premises are correct, very justifiable manner, caused all the local dairies to be closed. In Melbourne, typhoid is increasing, as it is in several other districts in Victoria, as well as in New Zealand, Queensland, and South Australia.

Reports from many country districts in New South Wales inform us that the disease is prevalent to a considerable extent in the more distant parts; and in non-professional circles in the country, the co-

incidence of the long dry weather, and drying-up of the waterholes with its appearance has been the subject of remark.

In order to systematically consider the subject we have under discussion, perhaps it may be well to divide it into three questions or heads, and I think this may be conveniently done as follows:

1st. What do we mean by Typhoid Fever?

2nd. How does it arise? Is it contagious or infectious? and if so, in what way?

3rd. What may we do, as a people, as a profession, and above all, individually, to prevent its spread?

The names under which this disease has been described have been so varied and fanciful, that they have been pointed to as the opprobrium of the medical profession; even in English we have it variously called gastric, enteric, low, common continued, infantile remittent, endemic, nervous, bilious, slow, putrid, and finally pythogenic fever, while scores of other names are applied by various foreign and other writers, who have endeavoured to persuade themselves that they have observed some symptom or characteristic common to all the varieties. From a scientific point of view this multiplicity of names is a matter of regret, while from the standpoint of general practice it is very unfortunate, for many of us have had experience of the want of confidence inspired, when a diagnosis of low fever perhaps, has been given at an early stage of the disease, and as the case has advanced, and the dry tongue, diarrhoea, bloody stools, and muttering delirium, have told too plainly of the typhoid nature; this must have happened to many of us. It is in vain that we tell the friends of our patient that the diseases are identical in kind, the cry is "Why did you not tell me sooner that it was that terrible complaint?" For my part this has more than once occurred to me, and on many occasions I have been called to see cases from which other physicians have been dismissed, in consequence of their having, what the uninitiated called, mistaken the disease.

Murchison (p. 420), writing on this point, says, "Medical men often decline to call a fever enteric, in which, as often happens, there are no enteric symptoms, and hence the intestinal lesion is apt to be overlooked, until it unexpectedly becomes a source of danger. This mainly accounts for the circumstance that in the returns of the Registrar-General, deaths are weekly ascribed to 'simple continued fever,' a disease which in twenty-five years has not once been fatal in the London Fever Hospital."

All recent writers seem to agree that typhoid fever occurs quite independently of overcrowding, deficient ventilation, station in life, or occupation, that it as readily seizes upon the prince as upon the pauper, and that it rather attacks the robust than those who are debilitated by disease.

Anti-vaccinationists have laboured most strenuously to show that its rise has been coincident with the diminution of smallpox, and that in point of fact it is nothing more or less than internal variola, the intestinal ulceration being analogous to the pustular eruption upon the skin. To attempt to refute this argument would be simply trying "to kill the dead," therefore I shall not inflict it upon you. To us in this country one of the most interesting phases of the argument is that advanced by the American authors, who are placed in a position for observation somewhat analogous to our own. Their opinion is * that "Enteric fever has a tendency to take the place of the intermittents and remittents so common in that country, as those diseases disappear under the effect of increased population and cultivation of the country,—that there is in fact a sort of antagonism between them." And many observers in Australia have remarked that a remittent fever of a type not unlike those enteric cases in which the abdominal lesion does not form a marked feature, is a very common disease in nearly all the newly settled country, whether moist or otherwise, and that this disease decreases or disappears under the influence of settlement. To complete the position, I may add that the statement that true enteric fever is very common in the more settled districts of the country, is one no one can doubt.

Pettenkofer† has endeavoured to show "that the prevalence of enteric fever depends solely upon the presence of a certain amount of water in the soil; the poison to which he believes that the disease is due multiplies in the soil rather than in the bodies of the sick, the necessary conditions being a porous soil saturated in its lower parts with water, and this water rapidly falling after having attained an unusual height." This may be a very plausible argument, and certainly the fact that the prevalence of enteric fever in Munich is coincident with the fall of the surface water, is demonstrated in a very decided manner; but we are told that the same observer recorded that "the

* Murchison, page 451.

† Murchison, page 450.

excrement of Munich (the city in which all his observations were made) amounted to 150 loads daily, and that on an average scarcely ten were removed, so that over seven-eighths of the excrement of the city remained and were absorbed by the soil.* And from Murchison we learn, that surface wells are, in some instances at any rate, used for supplying drinking water for that city. Now it seems to me, that with these facts before us, we need hardly consider the professor's very elaborate reasoning very seriously, for we know that it has been demonstrated beyond all doubt that the imbibition of water polluted with typhoid excreta will give rise to the disease in its most virulent form.

Niemeyer† considers that it extends by *contagion* as well as *miasm*, that is to say, that the germs of typhoid fever may develop and multiply as well in the organism of a typhoid patient as outside of it: but he denies that it spreads solely by this means, in witness whereof he cites those cases occurring in places far removed from travel, where no suspicion of contagion exists. He adds "If it be not considered an axiom that miasmatic diseases are never contagious, no wild hypotheses are necessary for the explanation of such cases."‡

I had occasion in a former part of my paper to allude to the association in the minds of the country people, of the drying up of the waterholes with the occurrence of typhoid fever. That there is some ground for this association is very clear, for all statistics shew that the disease is most common in autumn, and Murchison remarks§ that "not only does it increase in autumn, but it has been found to be unusually prevalent after summers remarkable for their dryness and high temperature, and unusually rare in summers and autumns which are cold and wet." He adds, however,|| that "mere dryness of the atmosphere is not conducive to the increase of enteric fever, on the contrary, warm damp weather, when drains are most offensive, is often followed by an outbreak of the disease. An increased rainfall, however, sweeps away those impurities, to which the origin and spread of the disease are in drained towns mainly due; but in undrained places it may conduce to an outbreak of the disease by washing those impurities into the water used for drinking purposes."

With this startling suggestion before us we cannot help shuddering when we think of the unfortunate position in which our Sydney water supply lies, receiving the drainage from a considerable portion of Randwick, and I may say the whole of Waverley, and who can tell that the disease which is at present so prevalent in our midst is not due to this cause. *Apropos* of this subject, I have no doubt that many of you will remember a most sickening discovery which was made by Mr. Seymour, our worthy Inspector of Nuisances some six years ago. A citizen resident in Castlereagh Street complained that there was a horrible smell about his neighbour's premises, and that the water supplied through the city main to his house had a most disagreeable smell and taste. Mr. Seymour promptly investigated the matter, and succeeded in discovering the cause—in the fact that the pan of the water-closet in the neighbour's yard was choked and full of *fæces*, and as it was connected with the supply pipe without the intervention of a cistern, a regurgitation frequently took place from the pan into the main when water was rapidly drawn off in the yard of the complainant, which was situated at a lower level. The Mayor, Mr. Chapman, immediately ordered an inspection of the whole of the water-closets of the city, and I am informed, found that hundreds of them were *directly* connected with the water-mains. He immediately caused the whole system to be altered, and cisterns interposed.

That such a disgusting state of affairs should go on for years is a matter for astonishment, but we in Sydney are not alone in our culpable carelessness in sanitary matters, for in perusing the Melbourne letter to the *Sydney Morning Herald* of the 2nd March last I notice that—"A number of distinguished citizens have been to the Mayor complaining of the noisome smell of the Elizabeth Street gutters. The Mayor admits the smell, but says that it will cost £40,000 to correct it. This statement has revived the project of a perfume manufactory, which was suggested nearly two years ago by a member of the firm of Messrs. Piesse and Lubin." And on the 14th of the same month a telegram in the same paper saying that, "The charge against the Governor of the gaol for allowing offensive matter to run into the street channel has been withdrawn, as the nuisance has abated." Whilst on the 17th another Melbourne letter appears to the effect that "the Governor has been let off and not fined, on the promise that he will not any more let unpleasant fluids flow into the gutters. A great many of the ladies and gentlemen who are now involuntarily partaking of his hospitality would have

been exceedingly glad to have been let off on the same terms, so that it seems as if justice were not quite even-handed as between gaoler and gaol-bird."

I regret that I am unable to discover whether the "offensive matter," the "unpleasant fluids," consisted of *fæces*, but I am afraid that many will be driven to the conclusion that they did.

To account for the numerous milk epidemics, as they have been called, is not so easy, unless we conclude that the water, which is too often used for diluting it, has been subject to typhoid poison; but we have an alternative open to us—may not the germs, the specific seeds of the disease, float about in the air of infected dwellings or dairies, and so contaminate it. For my part I firmly believe that this is the case, for after perusal of Dr. William Budd's admirable monograph I cannot doubt but that there is contained in the excreta of typhoid patients a specific poison, which may communicate the disease indefinitely. That this poison is actually contained in the yellow matter discharged from the ulcerated intestine as has been stated by Rokitsansky, is not by any means so clear, but that the discharges have a power of infection immediately on passing from the body I do not doubt. Dr. Murchison, who suggested the name—*Pythogenic Fever*—takes a view of the origin of this disease totally different from Dr. Budd, regarding it as being the result of the putrefaction of *fæcal* and other organic matter. But, after a perusal of Professor Tyndall's work on Dust and Disease I have been led irresistibly to become a disciple of the Budd theory. Perhaps you will pardon my quoting Tyndall's dictum on this point: "From their respective viruses you may plant Typhoid Fever, Scarletina, or Smallpox. What is the crop that arises from this husbandry? As surely as a thistle arises from a thistle, as surely as the fig comes from the fig, the grape from the grape, the thorn from the thorn, so surely does Typhoid virus increase and multiply into Typhoid Fever. . . . What is the conclusion that suggests itself here? It is this—that the thing which we vaguely call a virus is, to all intents and purposes a seed. Excluding the notion of vitality, in the whole range of chemical science you cannot point to an action which illustrates this perfect parallelism with the phenomena of life, this demonstrated power of self-multiplication and reproduction. The germ theory alone accounts for the phenomena."

The author deduces the following practical conclusion—"In cases of epidemic disease it is not on bad air or foul drains that the attention of the physician will principally be fixed, but upon disease germs, which no bad air or foul drains can create, but which may be pushed by foul air into virulent energy of reproduction."

In approaching the last question—"What may we do to prevent its spread?"—one cannot help advocating, as a first principle, what may be considered to be the fundamental basis on which all sanitary improvement must rest, the compulsory registration of infectious diseases. I am happy to say that in the mother country this is about to become the law of the land, and the sooner we adopt some such measure in Australia the better, although I may remark *en passant* that the onus of responsibility for the carrying out of this regulation should rest on the householder and not on the physician, as seems likely to be the case in England. As a people our voice should be heard to this end, whilst as a profession we should advocate that the use in our city of all latrines or cesspits should be interdicted, and that a more complete system of sewerage should be carried out; that large reservoirs of salt water should be erected at the highest points of the city, to serve for the periodical flushing of these sewers. That without delay a Public Health Act should be passed, which would empower the authorities to examine localities reasonably suspected to be infected, and make such orders for their sanitary improvement as they might deem necessary.

As individual practitioners do we always place this matter of contagion or infection in its proper light to our patients? I am afraid that we do not, but those of us who accept the theory of infection by germs can hardly conscientiously neglect to warn the nurses and attendants of the danger lurking in clothing and bed-linen soiled by *alvine* discharge, or in the excreta itself. We will not be doing more than our duty in insisting upon the immediate disinfection of such discharges on their passing from the body. And in my opinion it becomes a question whether it should not be made a misdemeanour, punishable by the law, to allow typhoid excreta to escape into the public sewers without being so treated.

But, gentlemen, to move our law-makers to this decided action would be a matter of great difficulty, and perhaps impossible, but we have another course open to us, in the words of Professor Gairdner, of Glasgow, under whom I had the honour and privilege

* Niemeyer, page 573. † Niemeyer, page 572. ‡ Niemeyer, page 573.
§ Murchison, page 448. || Murchison, page 449.

to serve—"Where we cannot legislate we can still teach; where we cannot command we can still warn; and neither the existence nor the absence of arbitrary power, the expediency nor the in expediency of interference by the authorities can exempt us from the duty of knowing what is amiss, and diffusing that knowledge far and wide. For this is a case in which literally and in the most tangible and indisputable sense the people are perishing for lack of knowledge."

A DISPUTED CASE OF INSANITY.

Read before the Medical Section of the Royal Society of New South Wales.

By FREDERIC NORTON MANNING, M.D.,
Inspector-General of the Insane, New South Wales.

It comes within the scope of my official duty to advise the Government as to prisoners sentenced to death in whose cases doubt has arisen with regard to mental condition and responsibility, and during the last twelve years six of these cases have been submitted to me. In three of these my colleague, Dr. Taylor, and in one the surgeon of the gaol was associated with me in the inquiry. The remaining two cases were left entirely to myself. In two cases I reported that the prisoner was sane, both at the time the offence was committed and at the time of my examination. In one of these the prisoner was hanged; in the other his youth and the fact that he had suffered severely from a bullet wound of the skull and brain, self-inflicted after the attempt at murder, whilst the victim did not die, were taken into consideration, and the sentence was commuted to imprisonment. In three cases I reported that the prisoner was sane at the time of my examination, but was insane when the offence was committed, and in all these the capital sentence was not carried out. The sixth and last case I am now about to bring under your notice. You will understand that as my inquiries were directed to the mental condition at the time the offence was committed as well as at the time of my examination the cases have involved a consideration of the whole evidence, the examination of witnesses called at the trial as well as others, and in several instances almost to a complete re-hearing of the case.

Bonomi Omobono, aged about twenty-five, an Italian, of defective education, who had until his emigration to Australia lived in the mountainous districts of Lombardy, committed a rape on a respectable married woman in a country district, not far from Orange, on July 2nd, 1881. The crime was perpetrated in broad daylight, with great deliberation, and with considerable display of force, but the woman was not treated with any extreme brutality, and such injuries as she received were inflicted in the endeavour to overcome her resistance. The man was arrested at a public house on the day following, and was lodged in Bathurst gaol, under committal by magistrates, on July 5th.

About a fortnight after his committal the prisoner was brought under the notice of the Visiting Surgeon, owing to peculiarity in his conduct, and about six weeks before his trial, which took place at the Circuit Court held at the end of September, he became noisy, violent, and excited, and remained so with short intermission until the day of his arraignment. When called on to plead he refused to do so, and either did not or affected not to understand the nature of the proceedings, and his manner was so strange and violent that a jury was empanelled to try the issue if he was sane and capable of understanding the proceedings. The publican in whose house he was arrested, and who saw him for some hours, and the constable who arrested and brought him to Bathurst, testified that there was at that time nothing to indicate mental derangement, and Drs. Bassett and Cortis stated their opinion that the prisoner was feigning insanity. The jury found him sane and fit to stand his trial for rape, which was at once proceeded with. A barrister present at the trial but unconnected with the case, has since stated that he did not believe there was a person in the crowded court who did not consider the opinion of the jury a correct one. During the trial the prisoner was violent at times and indifferent at others, and when out of court for a short time he caused some sensation by tearing to shreds the clothes he wore when he committed the offence, and in which he had been dressed for identification in court. He was found guilty and left for execution, the judge recommending—(1st) That he should be specially watched, with a view to discovering more fully his mental condition; and (2nd) That his antecedents should be made the subject of inquiry.

Subsequent to the trial he was examined at considerable length by

Dr. Marano, the vice-consul for Italy, who considered him to be undoubtedly insane, and reported accordingly.

The evidence taken at the trial, together with Dr. Marano's report, were forwarded to me for perusal, and I was requested to examine and report on the prisoner's mental condition, for the information of the Executive Council. I found the task allotted to me one of no small difficulty, and I was especially handicapped (1st) by the fact that very little could be discovered as to the prisoner's antecedents, and that nothing whatever was known of his doings from February 9th, 1881, to July 2nd, the date on which he committed the offence; and (2nd) that I was unable to speak or understand Italian, whilst the prisoner's knowledge of English was very imperfect. Dr. Bassett, whose experience as sometime Visiting Medical Officer of the Lunatic Asylum, Parramatta, and for many years the Medical Officer of the Gaol at Bathurst, gave the greatest possible weight to his opinion, had had repeated opportunities of examining the prisoner, had given to the case an anxious consideration, and had convinced himself that the prisoner was feigning; and Dr. Cortis, who had had special experience in lunacy matters, having held the position of Medical Officer at the large metropolitan asylums at Bethlehem and Colney Hatch, had after special examination of the prisoner arrived at the same conclusion. Dr. Bassett was kind enough to state to me the main grounds on which his opinion was based, and these were briefly as follows—(1st) That the evidence seemed conclusive that the prisoner was sane when he committed the offence and when he was admitted to the gaol. (2nd) That the prisoner had the strongest motive—an escape from hanging—for feigning. (3rd) That his replies to questions were (to all appearance) purposely extravagant and absurd. (4th) That there was a want of consistence in the symptoms. In the main they were those of acute or sub-acute mania, but at times the prisoner seemed absolutely imbecile, refused to answer the simplest questions, and affected to be childish and incapable of understanding anything said to him. (5th) That there were no symptoms of physical derangement, and no apparent loss of health or weight; and (6th) that some of the most characteristic symptoms of mania were altogether absent.

Dr. Marano, who claimed no special acquaintance with the phenomena of mental disease, and who may reasonably be supposed to have felt compassion for his compatriot, had the advantage of being able to conduct his examination in Italian, and based his opinion as to the prisoner's condition on the following grounds—(1st) That his replies to questions were inconsequent, and often unmeaning. (2nd) That he became angry when it was suggested that he was insane. (3rd) That he was extremely noisy at night when he was not under the special observation of the Gaoler and Medical Officer, and often quiet by day, when his conduct might have impressed them. (4th) That his actions were very peculiar, and that he frequently whirled round in a circle without apparently suffering from vertigo. (5th) That his habits were filthy; that he ate matters that he had vomited, and masturbated frequently and openly. (6th) That he was not conscious of his position and that he was under sentence of death. (7th) That at Dr. Marano's request for a written account of himself he covered a sheet of foolscap with incoherent nonsense.

It was necessary that I should report as to the mental condition of the prisoner—(1st) At the time he committed the offence, and (2nd) at the time of my examination, which was fourteen days after the trial; and as the Government was desirous of deciding at once whether to carry out the capital sentence or not, no time was allowed for the special observation unknown to the prisoner which is often so useful in cases of suspected malingering, and even had time allowed, the arrangements at Bathurst Gaol were not such as to permit of this being properly carried out. Inquiries as to the prisoner's antecedents, made partly by the police and partly by myself, elicited the following information. He came to this colony about fourteen months before the trial, having previously been in Victoria, and for several months at the close of 1880 and beginning of 1881 was employed by the contractors for the railway extension from Dubbo to Bourke. He worked as a rule with some of his fellow-countrymen, several of whom spoke of him as an ignorant, rough fellow, always talking about women, but none of them appear to have considered him insane. I found in the gaol at Bathurst a prisoner named Byrnes, who knew Omobono during the time he worked at the railway extension and lived in a tent near him. This man, whose character was an evil one, and whose statements were little to be trusted, described him as odd in manner and known as the "cranky Italian." About Christmas, 1880, he hurt his hand and was sick, and was for some weeks in Dubbo lodging at an hotel kept

by one Guidice, who informed the police that he never saw anything wrong with him, and appears to have considered him rather shrewd than otherwise, since he ran away in the night, owing him (Guidice) money for board and lodging. During a fortnight of his stay in Dubbo he was an inmate of the hospital there, and seemed to the wardsmen in charge quite sane. On February 8th and 9th an Italian confectioner in Bathurst stayed at the same house with him at Dubbo, slept in the same room, and took his meals with him. This man described him to me as very rough and piggyish, and greedy and ill-behaved at meals, but did not seem to think him insane. An intelligent Italian-Swiss, who acted as interpreter at the trial, reported to the judge afterwards that he had lodged in the same house with prisoner at Dubbo in December and January last, and said "He was always quiet and sober when I was with him; he never showed the slightest sign of weakness of intellect, but he was ignorant, and most of his talk was about women." Nothing certain could be ascertained as to the life led by the prisoner between February 9th and July 2nd, the date of the crime, except that he was for part of this time employed cutting sleepers for the railway beyond Dubbo.

It will be seen that except the untrustworthy statements of the prisoner Byrnes there is thus far no evidence of insanity. Passing to the beginning of July, when the prisoner turns up near Orange, although, it should be remarked, he is ragged and all but penniless, he is, so far as can be judged by those who saw him, sane and responsible. The woman he raped, the publican in whose house he slept the following night, the arresting constable, the officers of Bathurst gaol who received him in charge, and all those concerned in the preliminary proceedings before the magistrates, saw nothing peculiar in his conduct, and considered him sane. It was impossible, therefore, to come to any other conclusion than that no overt symptoms of insanity existed prior to or at the time the offence was committed, and that the presumption was that the prisoner was at that time sane and responsible.

I saw him as above stated fourteen days after the trial, and had two lengthy interviews with him. The first time I saw him in the office of the gaoler, and was assisted during the latter half of the interview by a most intelligent Italian, who acted as interpreter. I found an active, well-formed man, somewhat under the average height. There was nothing very remarkable in his physiognomy, but he had a medium-sized goitre. He seemed suspicious, and had a look of extreme sleepiness, with small pupils, due, no doubt, to the restless nights he had lately passed. He had been noisy all the previous night, and had slept only for a short time towards morning. I found his knowledge of English very imperfect. Some questions he evidently understood and replied to, in broken English or Italian, occasionally correctly, sometimes evasively, but generally wildly and absurdly. Some of the replies seemed purposely absurd, and were given much as if he wished it to be thought he was insane. For instance he named Paris, Buenos Ayres, and San Francisco as the places he sailed from to come to the colony, was extremely nonsensical as regards dates, saying it was fourteen years since he landed. To some questions he returned no answer, and looked as if he did not care to understand what was said. After others he rambled off into Italian, much of which, as the interpreter informed me, was incoherent and nonsensical. His manner changed frequently, sometimes he was sullen, sometimes gay and almost rollicking, and then he would become suddenly tearful and depressed. It was impossible to ascertain if he had any delusions or hallucinations, and the difficulty as regards his language rendered the examination most unsatisfactory.

The evidence of the gaoler, the warders, and two prisoners who had up to the trial slept in the same cell was to the effect that he was extremely noisy and sleepless at night, and that since the trial he had never had more than three or four hours sleep in any one night; that he shouted, swore, sang, laughed, and cried by turns, and was sometimes on the least interference excited and angry; that he talked a great deal, sometimes to himself and at others, with his eyes fixed on the ceiling of the cell; that he turned round and round in one direction in a most extraordinary way, never seeming to get giddy; that he fed most greedily, vomited, and ate the meat from his vomit, masturbated frequently, and was otherwise dirty in habits. Some of the most distinctive symptoms of acute or sub-acute mania were entirely absent. He never denuded himself, never tore his bedding and clothes, and indeed exhibited no destructive tendencies, except on the single occasion on which he tore to shreds the garments in which he was identified. He was never aggressive, and did not bespatter either his bedclothes or his cell with urine or

excrement. He was always much quieter by day than at night, and was never noticed to be particularly noisy or extravagant in manner in the presence of the Gaoler or Medical Officer. It appeared that the warders who had the prisoner especially in charge, as well as the gaoler, thought at first that he was malingering, but had all lately inclined to the belief that the insanity was real and not feigned.

At the second interview I saw him in his cell and in the adjoining corridor, the gaoler only being present. His whole aspect was better, due doubtless to the fact that he had passed a comparatively quiet night; the pupils were normal and acted fairly; the temperature was 99, and there was little sign of physical disturbance. His manner was courteous, he was much more ready to talk, and seemed more wishful to understand what was said to him. His replies, however, were, when given in English, often irrational and sometimes as absurd as on the previous day. It was, however, impossible to get any information out of him, as only a few sentences were answered in English, and he rambled off into long statements in Italian. The salivary excretion was evidently excessive. He spat frequently, bespattering the clean corridor with the greatest disregard, and there were as on the previous day, the same sudden changes of mood from laughter to tears. I decided, not without some hesitation, that the man was really insane, and reported accordingly. The Executive commuted the sentence to imprisonment for life, the first three years in irons, and the prisoner was removed to Darlinghurst gaol for further observation, prior to the signing of the certificates of insanity necessary for admission into the criminal division of the Hospital for the Insane, Parramatta. The symptoms which chiefly influenced me in forming the opinion I did in this case were: (1st) The continued sleeplessness and noise at night, which could hardly have been kept up by a sane man, and the fact that there was no extra noise or excitement displayed in the presence of the medical officers. (2nd) The rapid changes of mood from laughter and fun to sobbing and tears. (3rd) The increased salivary secretion, which is a frequent and peculiar symptom in mental affections. (4th) The peculiar whirling movement, which without Ménézière's disease is occasionally seen in insanity. (5th) The faulty habits, especially the eating of the vomited matters. (6th) The letter written by him at Dr. Marano's suggestion, which I regret I cannot place before you, but which, and I speak from no small experience, bears on its face the marks, not easy of description, of being written by a lunatic. Besides these symptoms, some of which would have carried little weight to any but a specialist, I considered the whole circumstances of the case, and it appeared to me the balance of general evidence was on the side of present insanity, and that there was nothing improbable or unusual in an attack of insanity commencing when the prisoner, not naturally strong minded, found himself in gaol and with his life in danger. After I had seen the prisoner, and whilst he was still in Bathurst Gaol he became very violent and assaulted the warders, and he on several occasions drank his own urine, which he had not previously done. At the time that I was examining the prisoner, the police were engaged in making inquiries as to his antecedents, and their report, which embodied the following facts (unknown to me at the time I reported), were placed before the Executive Council with my report, and no doubt influenced the decision arrived at. An Italian living at Sandhurst, stated that he knew Omobono and his family in Italy. They were very well off, but all foolish, except the mother. The father, a small landed proprietor, was especially weak minded. He lived about six miles from Omobono's family, and they were notoriously "cranky." Another Italian, also living at Sandhurst, made the following statement—"Some years ago I knew Omobono at Tresivi Valtellina, Lombardy. He is of a respectable family at that place. They were proprietors of farming land. The whole of the family were eccentric; some of them decidedly mad. Omobono came to Australia about three years ago." The prisoner was after commutation of the sentence removed to the observation ward at Darlinghurst, and on the 5th of December I examined him there, and with the Visiting Medical Officer, signed certificates, on which he was removed to the hospital for the criminal insane, Parramatta, on December 13th. Whilst in Darlinghurst he slept much better than at Bathurst, and displayed no symptoms of violence. He sang and danced by the hour together, and the warders were under the idea that he had been an actor. His mood changed rapidly from laughter and frolic to melancholy and tears. He ate ravenously, but had lost several pounds in weight since being examined at Bathurst. His habits were still filthy, and he occasionally dirtied his bed clothes and cell. He did not seem to

comprehend his position, said he liked Darlinghurst better than Bathurst, and repeatedly asserted that his wife was there and he wished to see her. He was admitted to the hospital for the criminal insane, Parramatta, on December 14th, 1881, and has remained there to this date, the insanity being marked and admitting of no doubt. The symptoms are for the most part those of chronic mania with dementia. His expression is fatuous and his manner childish and silly. He is sometimes angry and aggressive, at others obstinate and self-willed. His personal and general habits are dirty and depraved, and he is occasionally destructive. His physical condition has greatly improved, without any corresponding mental improvement, and the case presents all the aspects of prolonged and irremediable insanity.

Now that the whole case is before us it presents no difficulties. We have a young man, goitrous, born in the mountainous districts of Lombardy, where the intermarriage of near kin and resulting mental enfeeblement are frightfully common, with a distinct family history of insanity, with strong animal passions and the cunning which not unfrequently accompanies debased intellectual power. We have an attack of sub-acute or acute mania coming on when this man found himself in prison and in danger, and cut off from help and friends, and we have in the end chronic mania with partial dementia and brain impairment which so frequently follow a maniacal outbreak. The evasive and untrue answers and the attempts to mislead were due, no doubt, to the native cunning, exaggerated, as is not uncommon, by the mental excitement, and the destruction of clothes connected in his mind with his crime and his position admits of other explanation beyond the wish to destroy evidence against him. Still the case is an interesting and peculiar one, and perhaps the most interesting point is the one noticed by Dr. Bassett, the absence of some of the most marked physical and mental symptoms usually seen in a maniacal attack.

On the whole the case appears to me one which it is desirable to place on record, and I trust I have not occupied your time unprofitably by bringing it before you.

FLAP EXTRACTION OF SENILE CATARACT, WITH SOME MODIFICATIONS.

By HENRY GEORGE HORACE NAYLOR, L. et L.M.R.C.P. et R.C.S. Ed.
Honorary Surgeon to the Campbell Town Hospital, Tasmania.

W. T.—, ætat 67 years, a labouring man, was operated on by me for the above in the Campbell Town Hospital. Both eyes were affected, the left having been so for two years, and the right for six months, the disease being to all intents equally advanced in both.

I selected the right eye for operation, and decided to adopt the flap method. My first deviation from the usual course being to dilate the pupil with atropine and when the eye was ready, the pupil being thoroughly dilated, I asked my colleague to put him under the influence of chloroform, which he kindly did; this was my other departure from the advice given in the text books with reference to flap extraction.

I made the corneal section by cutting upwards, and then removed the lens by means of a blunt hook aided by gentle pressure with the forceps in my left hand. Nothing but the aqueous humour escaped, and the iris did not protrude. I then closed the eye with a bandage in the usual manner.

Being rather a large flap I did not examine the eye till the eighth day, as there was no pain, or discharge of any consequence.

On examination the corneal wound had healed and the patient to his delight, could count my fingers as I held them up, quite readily. In a fortnight he could describe small objects held up to the light without the aid of a lens, and remarked on the surrounding scenery, and in three weeks from the day of operation was able to leave the hospital with only a little redness of the conjunctiva where the forceps had been applied.

REMARKS.—I think the use of chloroform in no way interferes with the success of a flap operation, but helps it by lessening the danger of expulsion of the vitreous humour, and preventing any sudden movement of the patient. Dilatation of the pupil previous to operation is recommended by Macnamara, now of Westminster Hospital my teacher of Ophthalmic Surgery, in his description of his own operation, and I think it helps to prevent Prolapsus Iridis, besides keeping the iris out of the way when you wish to get at the lens.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF VICTORIA.

Melbourne, Wednesday, June 7th.

The ordinary monthly meeting was held in the Society's hall on the above date, Mr. Hewlett, M.R.C.S., President, in the chair.

The HON. SEC. announced the presentation to the library of vol. xi of Baron Von Mueller's "Fragmenta Photographiæ Australis," from the author, and of a set of the "Medico-Chirurgical Transactions," complete from the beginning, from Dr. Youl. A vote of thanks was passed to Dr. Youl for his valuable donation.

Mr. John Burder Backhouse, M.B., Ch.B., Melb., was unanimously elected a member of the Society.

Dr. ALLEN called the attention of the Society to the fact that a report of the last ordinary meeting was published in the May number of the *Australasian Medical Gazette* before the appearance of the corresponding number of the organ of the Society, in contravention of Rule 9 of the Society's laws, which is as follows:—"Papers read before the Society shall be the property of the Society, and shall not subsequently be altered without the permission of the Committee. They shall be published in the *Australian Medical Journal*, subject to the approval of the editors, provided no objection to such publication shall be expressed by a vote of the Committee, and they shall not first be published elsewhere, save by permission of the Committee."

The discussion on the "Recent Case of Smallpox in Melbourne" was resumed, with the result of strengthening the position of those who maintained that the case was one of variola.

Dr. BALLS-HEADLEY read a communication from Dr. Bulmer, giving some additional particulars of the case, and expressing his conviction of its being variola, admitting at the same time that his duties as Health Officer at the Heads prevented his exposing himself to the danger of carrying infection from the bedside of the patient. The odour was "somewhat like mice," the patient had severe cough and dyspnoea, and pitting with purplish discolouration remained on the face and arms.

Mr. JAMES explained that the object of his motion at the previous meeting was to get further information about the case, there being considerable doubt whether the patient had received proper attention. Scientific information was not demanded, but only enough to enable us to come to a conclusion as to the nature of the case. We could not shut our eyes to the fact that in the future the momentous question would be cropping up whether patients suffering from infectious disease were to be taken by force from their homes, at great risk and inconvenience to themselves, for the sake of the safety of the many. If so, the many must pay handsomely for the benefit.

Mr. GIRDLESTONE stated that the patient was now pitted and the skin red, and that the marks would without doubt to some extent be permanent, and such as could only be caused by smallpox.

Dr. FORD read a letter from Dr. Gosse, of Adelaide, in favour of the view that the case was not one of variola, and repeated some of the arguments used by him previously in the discussion.

Mr. GIRDLESTONE thought Dr. Gosse's letter, containing no facts having a tendency to convince us, was worthless in helping us to a conclusion. He brought forward some additional particulars to strengthen the chain of evidence in favour of the infection of Miss S. being derived from Dr. O'L.'s clothes. The temperature chart of the case, as shown by Dr. Balls-Headley, when compared with those published by the best authorities on the subject, would be seen to be exactly similar. Dr. Ford's opinion had been formed on no grounds.

Dr. SHIELDS thought too much was made of the time that elapsed before the appearance of the disease, as it was well known that the infection often lay dormant. Having been one of those who saw the case before removal to the quarantine ground, he stated that he had felt so satisfied about its nature as to call the President of the Central Board of Health out of bed to make arrangements for the patient's removal.

Dr. ROBERTSON quoted the description of the symptoms in Miss Q.'s case, as given by Dr. Way, of Adelaide, who was consulted by her, and who diagnosed "a slight attack of chickenpox accompanied by catarrh." The symptoms were clearly those of varicella, in the character of the eruption, the trifling nature of the illness, &c. If it were smallpox it would be a very remarkable fact that infection could not be traced to any other person than Miss S. The temperature was never over 103.9 deg. F., but in a typical case of variola it

rose above 105 deg. F.; and again on the seventh day of the disease it was only 101.5 deg. F., while in a typical case it would have risen to 104.5 deg. F. Dr. Robertson thought the discussion that evening would probably fail to elucidate the true nature of the case.

Mr. J. P. RYAN remarked that if the case had occurred before smallpox came near us there would have been great difficulty in explaining it. If not smallpox, how was it to be classified? The temperature ran the ordinary course of smallpox temperatures. If Q's case was chickenpox it did not follow that S. did not contract her disease in Adelaide. The fact of there being one solitary case did not disprove its nature as variola.

Dr. McCREA offered some remarks on the subject, and stated that there was no case on record of infection being carried by medical men from one patient to another. He mentioned a case which appeared on board ship fifty days out from England, in which it was possible the infection had come in newly-made clothing. It was a strong argument against the derivation of the infection from Dr. O'L., that that gentleman had not communicated it to anyone else. It was possible that the case was smallpox, but did not spread, from the great bulk of the people being vaccinated. It was very unusual for cases of varicella to last so long as this case did. There was great difficulty in tracing cases of smallpox. Pitting with redness of the skin seems very decisive of its nature. On the whole the period of incubation, date of eruption, secondary fever, and pitting make it very likely that the case was smallpox.

The meeting then adjourned till the first week of July.

MEDICAL SECTION OF THE ROYAL SOCIETY OF NEW SOUTH WALES: ORDINARY MEETING.

Ph. Sydney Jones, M.D., F.R.C.S.E., Chairman, in the chair.

The first ordinary meeting of the above section, during the present year, was held in the Society's house on Friday, May 12th; twenty members and some visitors attended. After some preliminary remarks, the Chairman called on Dr. Manning to read his paper, entitled "A Disputed Case of Insanity," which will be found on page 119. The lucid statement of the facts of the case, and the logical deductions drawn from them which characterised the paper, rendered remark difficult, and dissent from the conclusion arrived at almost impossible, even without the light of after events, which were so completely confirmatory. And this no doubt accounted for the shortness of the discussion which followed.

The question of altering the time of meeting to suit the convenience of members living at a distance was then discussed. Ultimately Dr. Quaife moved a resolution, which was duly seconded, and carried unanimously, to the effect that in future the section should meet at 8.15 p.m., instead of at 8 p.m. as has heretofore been the case. The meeting then terminated.

The second ordinary general meeting of the above section was held in the rooms of the Society, on Friday, the 9th June, at 8.15 p.m.

Dr. Sydney Jones being prevented by illness from taking the chair, Dr. MACLAURIN moved and DR. BEDFORD seconded a resolution proposing Dr. Quaife in his place.

The CHAIRMAN then called on Dr. Mackellar to read his paper on the "Etiology of Typhoid Fever." (The paper is printed in extenso at page 117).

At its close Dr. FORTESCUE rose and after remarking the fact that the appearance of the paper was well-timed, in the face of the present epidemic, stated that in his opinion little doubt could be entertained as to the most frequent sources from which the disease is communicated, viz.: polluted water supply, and sewage emanations; although he was not prepared to assert that this fever might not be transmitted by inhalation of the breath of a diseased person, yet the fact that so many medical men, who, year by year attended a number of cases escaped infection, militated against its probability, and as an illustration that this immunity did not arise from any special protective influence he instanced his own case, pointing out that although he had escaped infection during his practice, yet that while in Venice, after drinking some water which had a distinctly faecal taste he was in due time seized with a typical attack of this disease.

A motion was then put before the meeting that an adjournment of the discussion should take place as there was other business on the paper. The motion was negative and the discussion resumed.

Dr. EWAN remarked that change in drinking water seemed to exercise a great influence on the susceptibility of people to this disease, and he drew attention to the fact that at the end of droughts

when the water supply became low and the proportion of organic matter increased that the number of cases always rose.

Dr. CRAIG DIXON then proceeded to read a written statement of his views on the matter under discussion, but referring to the treatment of typhoid, he was ruled out of order, as the paper read by Dr. MACKELLAR had reference only to the Etiology of this disease; objection was also made to the delivery of a speech written down before the meeting.

Dr. MILFORD stated his conviction that the materies morbi consisted in the disintegrated tissues thrown off by the ulceration of portions of the small intestines, and that if the defections of typhoid patients were systematically and thoroughly rendered innocuous by the addition of suitable disinfectants, the disease would cease to exist. Referring to a number of cases which occurred in the St. Vincent's Hospital, he stated that in no instance had any fresh case arisen there from infection, but that after a time another outbreak occurred.

Dr. MACLAURIN believed in the germ theory, but he could not confine himself to Budd's theory that the disease always arose from pre-existing typhoid. He pointed out that this fever frequently arose in situations in which the existence of specific typhoid poison could hardly be suspected. That as typhoid poison must have originated de novo at one time or another he saw no reason why under favorable conditions it should not be again elaborated by natural causes. He then recited two cases in which the disease appeared very clearly to have been communicated by the inhalation of tainted air. And also to that typical case, of its dissemination by milk supplied from a dairy in which a case of typhoid existed, not one house served by this milkman escaped.

Dr. JACKSON stated that it was not necessary that water containing germs should be actually mixed with milk but that the washing of the pangs with this water when cold was sufficient to convey the fever.

Dr. THOMAS DIXON referred to the occurrence of typhoid, so called, in the lower animals, especially in pigs, and pointed out that in this country not sufficient care was taken to observe the character of their ailments. He then alluded to the existence of certain bodies in the excreta of typhoid patients, he had succeeded in mounting specimens, which presented a characteristic form and with care could not be confounded with Bacteria; in a recent paper from home, drawings of these bodies appeared which closely resembled his specimens.

Dr. SCHUETTE remembered a case which was clearly communicated by inhalation, the circumstances surrounding it were such as to prevent the possibility of any other explanation.

Dr. DECK said, with reference to the communication of the disease by inhalation, one of two conditions must exist; first, predisposition, or secondly, a long exposure to the poison. He mentioned a case in which a medical friend, who was in a low state of health, conducted a number of post mortems on people who had died from typhoid, and took the fever. He further stated that in his opinion earth saturated with faecal excreta might acquire the power of spreading this disease, and gave as one instance the occurrence of an outbreak among the workmen who were excavating for the building of a sewer near Dunedin. He further drew attention to the outbreak of fever in places where the water was contaminated with faecal matter.

The usual length of the meeting having been exceeded by half-an-hour, a motion was proposed and carried, "That the discussion be adjourned until Friday, the 16th instant. The meeting to assemble as usual at 8.15 p.m."

LINNEAN SOCIETY OF NEW SOUTH WALES.

J. C. Cox, M.D., President, in the chair.

The monthly meeting of this Society was held at the Sydney Free Public Library on Wednesday evening, May 31st. The following gentlemen were ballotted for and elected members of the Society—William Reid, Dr. Cecil Morgan, Alexander Cameron, Cecil Darley. Some valuable donations by Professor Liversidge, Baron F. Von Müller, K.C.M.G., and Mr. J. Brazier, C.M.Z.S., were acknowledged. The following papers were read:—(1) On a new Hydroid Coral of the genus *Allopora*, from Port Stephens, by the Rev. J. E. Tenison-Woods, F.L.S.; (2) on Australian Fresh-water Sponges, by W. A. Haswell, M.A.; (3) on the Brain of the Tiger-Shark (*Galeocerdo Rayneri*), with illustrations, by W. A. Haswell, M.A. Mr. Morton exhibited a new species of *Solea*, also some aboriginal weapons from the Northern Territory and South Sea Islands. Mr. Selkirk exhibited a large stone hatchet from the Allyn River, and Mr. Haswell a specimen of the platypus, showing the ova in a stage ready to be discharged.

The Australasian Medical Gazette.

SYDNEY, JUNE, 1882.

THROUGH the courtesy of the Honourable the Minister for Mines we publish in another portion of this number of the journal a letter written by the City Coroner of Sydney to the Under Secretary of Justice relating to the appointment of a Public Pathologist.

Mr. Shiell considers that the mere fact of a medical man's name appearing upon the list of legally qualified medical practitioners is a guarantee *ipso facto* of his ability to investigate the cause of death, and accordingly he has always, acting according to law, summoned the practitioner living nearest to the residence of the deceased to perform the autopsy and give evidence regarding it at the subsequent inquiry. He, however, considers that it would be advisable to have a paid pathologist, who should investigate all cases requiring post-mortem examinations, and he thinks considerable more dependence would be placed by the jury upon the evidence given by such a Government functionary than by any chance practitioner, who, perhaps, may be a most able and accomplished physician and yet, for want of practice, may not so thoroughly understand the language of the morbid viscera, as seen in a post-mortem examination, as one who has made the subject his special study. We imagine that were the whole of the profession to be polled on the question as to whether there should be a Public Pathologist or no, the majority would be in favour of the appointment. Many and various objections have been expressed at different times by leading practitioners here to the system in force. The Dean of the Faculty of the Sydney University, now absent in England, refused to register himself as a legally qualified medical practitioner because the law stated he could be called upon to perform a post-mortem examination at any time. Obstetric practitioners also object to being called upon to conduct post-mortem examinations, on the grounds that they are liable to injure their patients if required to attend accouchements shortly after the "sectio cadaveris." We have never heard of any well authenticated case of disease imparted through such a cause, and should it have taken place, we believe it must have resulted through gross carelessness on the part of the practitioner engaged, yet it is relied upon as an argument against the present system. Another and more feasible reason why a public pathologist should be appointed is the very unremunerative scale of fees which country practitioners are entitled to under the Coroner's Act. One shilling per mile beyond ten miles is allowed for the travelling expenses of medical witnesses at the Coroner's courts, and instances are on record where practitioners have had to travel two hundred miles on horseback, receiving fees for this trip and full professional expenses of £7 13s., less by far than a metropolitan cabman would be allowed for going the same distance with his vehicle. Here is an obvious injustice, and requires speedy change in the Act, so as to avoid inflicting so patent an injury on members of our profession. Should a paid pathologist, however, be appointed, it would be impossible for him to travel through the length and breadth of the colony, performing his functions as he went. It would be necessary, we imagine, to procure the services of such an officer for almost every large town. The skilled knowledge required for such a post necessitates so much special study joined with professional acumen that together with a copious allowance for travelling expenses each officer appointed would expect a high salary. Whether the Government would place the requisite sums on the estimates, and whether Parliament would sanction them is, we imagine, a matter of considerable doubt. Taking the circumstances surrounding this vexed question into consideration, we imagine that were the profession adequately remunerated in the country there would be no difficulty in having all medico-legal subjects investigated and reported on by the local practitioners throughout New South Wales.

We append a verbatim copy of the letter above referred to, addressed by the City Coroner for Sydney to the Under-Secretary of Justice:—

City Coroner's Office, Sydney, 5th October, 1881.

Sir,—I have the honor to acknowledge the receipt of your letter of the 27th ultimo, No. 81: 9210, transmitting a copy of Dr. Renwick's questions in the Legislative Assembly respecting the appointment of a Public Pathologist and the answers given by the Colonial Treasurer, and requesting a report from me upon the subject.

In compliance with that request, I have the honor to state, for the information of the Honorable the Minister of Justice, that the present practice is, when the

deceased had not been attended by a medical man previous to death, to call the nearest legally qualified practitioner to examine the body, and if I decide on having a post-mortem examination, the medical man so called by the police is empowered to make it. The cases in which two medical men are associated in such an inspection are not of frequent occurrence. On the ground of expense I abstain from employing two, unless there be some exceptional features in the case, or it be one of importance and likely to terminate in a verdict of either murder or manslaughter, and even then I do not regularly obtain the assistance of a second practitioner. It is the exception so to do. The procuring of a doctor, in the first instance, is the act of the police, and I do not interfere therein. The rule very strictly observed, and which I promulgated many years ago, with a view of preventing, if possible, even a suspicion of favoritism, is to summon the attendance of the legally qualified medical practitioner residing nearest to the house or place where the body is.

I shall express no opinion of my own as to the competency or otherwise, of every practitioner whose name appears on the roll of "legally qualified" to perform an autopsy in a satisfactory manner. His name being on the roll, annually published in the *Government Gazette*, in conformity with the requirements of the statute, is *prima facie* evidence that he is so qualified, and as such I must accept him. The making of an autopsy requires knowledge, skill, and experience in the performance, as it is a highly important and delicate duty. Professor Taylor, in the second edition of his work on Medical Jurisprudence, published in 1873, says, at page 2, "A man may be well qualified to practise as a physician or surgeon, and yet find himself deficient when called upon to act as a medical witness." At page 13 he observes, "The usual practice in England is to select the *nearest* medical practitioner, *whether he has had any experience or not*, and often to trust an important chemical inquiry in the hands of one who probably has never before made an inspection or an analysis for poison." Just the practice that obtains here at the present day. Mr. Rumsey, in his essays on State Medicine, at page 356 (quoted by Taylor in his Medical Jurisprudence at page 16) thus expresses himself, "It is no discredit to a practitioner engaged in the toilsome routine of ordinary medical duties if he should feel himself at a loss when called upon for a decisive opinion in some obscure case of poisoning or infanticide. His scanty opportunities for the study of these subjects, and for making post-mortem examinations, cannot suffice to qualify him for answering the delicate and important questions which he must answer before a jury can find a proper verdict. The custom of indiscriminately summoning medical practitioners of all sorts and of all degrees of pathological knowledge and forensic skill, has sadly depreciated the value of medical evidence in courts of justice."

I am of opinion, and I am fortified in it by those enunciated by Professor Taylor and Mr. Rumsey, that a Public Pathologist is desirable. Supposing such a functionary were appointed, it would be his special duty to make and keep a register of all post-mortem examinations ordered by the Coroner, and if there were a salaried Pathologist I apprehend the Coroner would require an internal inspection in every instance in which the cause of death was not plainly manifest. At inquiries into deaths from machinery, railway accidents, &c., &c., where the physical injury is obviously sufficient, without further examination, to account for death, autopsies would, doubtless, be dispensed with as supererogatory. A medical man whose sole duty it would be to conduct all post-mortem examinations within the city and district of Sydney would necessarily acquire such an acquaintance with the internal organs of the human body, in a state of health and disease, as would impart confidence to him and enable him to express his opinion as to the cause of death in any particular case with a clearness and decision that would ensure its acceptance. The enlarged knowledge and experience thus obtained would invest him, in the eyes of the public, with authority, and his utterances would not only be received with respect, but, in the great majority of instances, would carry conviction. A similar result could hardly be expected from the evidence of every general practitioner, as many of them have had but few opportunities, since their student days, of extending their knowledge of pathological anatomy by internal inspection.

The appointment of an experienced medical man, thoroughly conversant with pathological anatomy, as a Public Pathologist, appears to me to be highly desirable.

I have, &c.,
(Signed) HENRY SHIELL, Coroner.

THE MONTH.

NEW SOUTH WALES.

THE annual dinner of the N. S. Wales Branch of the British Medical Association took place at the Metropolitan Hotel, in Sydney, on Thursday, June 8th. The chair was occupied by Dr. Fortescue, the President of the Branch, and the vice-chair by Dr. Milford, the Vice-President; there was a large attendance of members. A full account of the proceedings will appear in our next issue.

In order to meet the convenience of the new faculties of medicine and science, and on general grounds, the Senate of the University of Sydney has determined to alter the commencement of the academic year from June to the beginning of March. The medical school will not be opened until March next. In the meantime steps have been taken to obtain from England a gentleman thoroughly conversant

with anatomy and physiology, who is to be professor in these subjects, and the additional lectureships, which are to be filled by appointments made in the colony, will be made at the earliest convenient date. We understand that all the regulations in connection with the faculty of medicine have been approved by the Senate, and that one of the provisions of the new by-laws compels all undergraduates to take the first year of their studies in the faculty of Arts, and in addition to this year provides for four subsequent years of professional study.

To relieve the pressure upon the wards of the Sydney hospital, the late Captain Towns' house at Miller's Point, and which was lately used as a residence for the smallpox doctors, has been secured and fitted up as an auxiliary hospital, to which all the cases of eye diseases in the hospital, numbering thirty-five, have been removed. To meet the pressing want of accommodation for the numerous fever cases of the city, the hospital authorities have applied for a portion of the buildings erected at Little Bay for smallpox patients, in order that the convalescent typhoid cases may be removed there.

A PORTION of the laundry recently erected at the south-eastern corner of the Sydney Hospital buildings has been fitted up temporarily as an observation ward. Persons picked up in the street, who may appear to be suffering from the effects of drink, as well as patients sent from the watchhouses, the nature of whose illness it may not be possible to ascertain when they are admitted, will be sent to the observation ward for treatment until their cases have been diagnosed.

THE new Macleay District Hospital at Central Kempsey was formally opened on May 24th. The committee and many visitors inspected the building, which is admirably adapted to the purposes for which it has been erected, and may be regarded as a credit to the district.

WE understand that the Prince Alfred Hospital, in Sydney, will be opened either on the Saturday preceding or the Saturday following the anniversary of the Duke of Edinburgh's birthday, August 6th.

A MOVEMENT is on foot for the erection of a cottage hospital at Moruya, a township 200 miles south of Sydney.

DR. H. G. ALLEYNE, who has filled the position of Health Officer for Port Jackson continuously for thirty years, has tendered his resignation, which the Government have accepted. Dr. Joseph A. Beattie, who has been acting as Resident Medical Superintendent at the Quarantine Station, and more recently as Medical Officer in charge at Little Bay, has been appointed his successor. The Health Officer will in future be stationed at Watson's Bay, to enable him to board all vessels at the Heads, instead of at Fort Denison, as hitherto.

DR. A. ROSS, M.L.A., was presented with an illuminated address and a splendid gold watch and chain, at Molong, on May 31st. A banquet followed, at which forty guests were present. The health of the hon. member was enthusiastically drunk.

DR. T. M. HARDING, late of Grafton, Yass, and Singleton, has succeeded to the late Dr. Carroll's practice at Goulburn.

DR. CLUNE, of Sydney, who suffered considerably both in pocket and in health, by being quarantined during the smallpox epidemic, and who demanded compensation from the Government, has obtained justice at last. It was decided by the Government on May 12th, to pay a sum of £3000 to Dr. Clune for damages done to himself and practice by his detention in quarantine.

DR. P. E. MUSKETT, formerly Resident Surgeon at the Melbourne Hospital, has been appointed Resident Medical Officer of the Sydney Hospital.

DR. J. E. GOULD, late of Melbourne and Wollongong, has removed to Bourke.

DR. R. MCKILLOP, formerly at Gundagai, has commenced practice at Goulburn.

DR. C. G. LEACOCK, late of Moss Vale, has removed to Wollongong.

DR. E. E. GRIFFITHS, who for the last six months acted as travelling medical referee to the Colonial Mutual Life Assurance Society, has commenced practice at Blayney, a farming, pastoral, and mining township, 170 miles west of Sydney.

DR. H. FOORD-CLARK, a new arrival from the old country, has commenced practice at Milton, a flourishing township 150 miles south of Sydney.

MR. REGINALD BOWMAN, of Sydney, has been awarded an honorary certificate by the Edinburgh School of Medicine for his proficiency in practical physiology.

MR. GEORGE HENRY PHILLIPS, of Newcastle, has been admitted a member of the Royal College of Surgeons of England.

DR. C. C. CLAYWORTH, formerly Resident Surgeon of the Sandhurst Hospital, Victoria, and late of Glen Innes, has been appointed Resident Medical Officer at the Sydney Hospital.

DR. GIULIO VANZETTI, lately arrived from Italy, is practising at Albion Park, a small post town in the Illawarra District.

DR. A. AGASSIZ, late of Adelong, has removed to Cootamundra.

NEW ZEALAND.

A BOY died recently at Dunedin whilst under chloroform administered by Dr. R. Burns in the usual manner, and who had used all known means to restore animation. After a lengthy inquiry before the coroner and a jury of twenty-four, at which Drs. Maunsell and Coughtrey gave evidence as experts, the jury were directed to return a verdict "Death by misadventure," which they did, adding a rider to the effect that no blame was attached to Dr. Burns.

THE new lunatic asylum at Seacliff, Dunedin, is now being pushed forward as fast as possible. Contracts have been placed in hand, embracing the whole building, at a total cost of about £70,000. The central portion with one wing is to be completed by August next.

THE Colonial Secretary has appointed a lady, Mrs. Agnes Blair, to be a Public Vaccinator for the Drury district, Prov. Auckland.

DR. CHARLES ROWLEY, a new arrival from home, has commenced practice at Oxford, Prov. Canterbury.

DR. A. MACKINTOSH, formerly Resident Surgeon at the Ipswich Hospital (Qu.), intends to commence practice at Christchurch.

DR. A. J. LEGGATT, late of the Indian Medical Service, and for the last few years Visiting Medical Officer to the Sunbury Lunatic Asylum (Vic.), is now practising at Gisborne, Poverty Bay.

THE Government have decided to appoint a Commission to inquire into the mismanagement of the Dunedin Benevolent Institution. Dr. J. Giles, R.M., of Hokitika, will probably be appointed one of its members.

DR. S. J. DENTON, late of Oamaru, has removed to Onehunga, near Auckland.

QUEENSLAND.

At a meeting of medical practitioners held at Brisbane on June 1st it was decided to form a Queensland Medical Society.

THE Government have placed the sum of £100 at the disposal of the Committee of the Hospital at Bundaberg for the erection of a separate ward for Polynesian patients. The officers of this institution had hitherto declined to receive Kanakas.

THE Food and Drugs Bill, passed in the last session of Parliament, has hitherto been a dead letter, owing to the absence of an analytical chemist acting under Government, but we now learn that Mr. Robert Mar, of Glasgow, who for the last six years has been a colleague of Mr. Ramsay, Professor of Chemistry in the University College of Bristol, has been appointed to the vacant position, and has arrived in Brisbane by the s.s. Chyebassa.

DR. SYMONS, Professor at the Medical School at St. Bartholomew's Hospital in London, at present on a tour through Queensland, has visited the Brisbane Hospital, and recorded his opinion that the wards and general arrangements are not surpassed, even by that institution, the largest hospital in Great Britain.

DR. L. KESTEVEN, late of Wellington (N. Z.) and Fiji, has been appointed House Surgeon of the Brisbane Hospital, in the room of Dr. J. Thomson, resigned, and Dr. E. S. Jackson, late Resident Medical Officer at the Melbourne Hospital, has been appointed Assistant Surgeon.

DR. HUNTER FINLAY, late Medical Officer to the Port Douglas Hospital, has removed to Tambo.

DR. W. L. MARLEY, for many years Visiting Medical Officer to the Stanthorpe Hospital, has accepted the position as Surgeon to the Port Douglas Hospital, at a salary of £250 a-year.

DR. M. SOULE, late of the Pacific Mail Steamship Company's service, has commenced practice at Cooktown.

DR. J. THOMSON, late Resident Surgeon at the Brisbane Hospital, has commenced practice at Bunya Bunya Cottage, 151 Wickham Terrace, Brisbane.

DR. JOHN TUCK, late of Seymour (Vic.), has returned from his trip to England, and is now residing at South Brisbane.

DR. W. W. MCGWIRE, late of Melbourne, has commenced practice at Ravenswood.

DR. R. T. FREEMAN, late of Bathurst, N.S.W., and for the last five years Surgeon to the Gayndah and Burnett District Hospital in this colony, left for England last month, and we understand that Dr. J. J. Müller, of the same place, also intended to leave for the old country, but at the request of his many friends in the district Dr. Müller has decided to postpone his departure and to remain at Gayndah for the present.

SOUTH AUSTRALIA.

DR. J. D. THOMAS, of Adelaide, has given notice that at the next meeting of the University Council he will move—"That in view of the probability of the establishment of a medical school at no remote period connected with the University, it is desirable that the University be represented upon the Board of Management of the Adelaide Hospital."

DURING the last eleven months 32 patients have been admitted to the Adelaide Home for Incurables, 14 inmates have died, 4 have left, and 3 have been expelled for bad conduct. The present number of inmates is 48, or 6 short of the full complement of the Home. The fact of there being any vacant beds is explained by the unusual number of deaths during the past few months, due, no doubt, in some measure, to the long and trying summer. The increased number of inmates necessitating more frequent medical attendance, the Committee considered it advisable to appoint Dr. T. W. Corbin as Visiting Medical Officer, at a salary of £52 per annum, it being arranged that he should pay one visit to the Home weekly.

AN inmate of the Adelaide Home for Incurables has been removed by his friends for the strange reason that he was not being cured.

AT the annual meeting of the Oddfellows, M.U., it was shown that the funds had increased by nearly £9000 during the year. Now the amount to credit is £40,600. The members have increased by 174, their number now being 11,241. The expenditure for the year was £19,000. The society have expended during fourteen years £231,600.

DR. J. FORWOOD, of Port Adelaide, has resigned his appointment as Public Vaccinator.

DR. A. W. WALLS, of Saddleworth, has taken Dr. W. T. Hayward's practice at Riverton.

DR. W. T. HAYWARD, of Riverton, has purchased the practice of the late Dr. Baily at Norwood, and will carry on the same at the late residence of the deceased gentleman.

DR. A. G. WARD, Senior House Surgeon to the Adelaide Hospital, has resigned, after holding the position for four years and a half.

A FAREWELL dinner was given at Port Lincoln on Tuesday evening, May 9th, to Dr. A. H. Parker, on the occasion of his leaving for Mount Gambier to enter on his new duties as Assistant Colonial Surgeon and Medical Officer to the Mount Gambier Hospital. The Chairman, in proposing "The Guest of the Evening," referred in feeling terms to Dr. Parker's many excellent qualities, which during his five years' residence among them had gained for him the respect and confidence of all he had come in contact with. Dr. Parker, in reply, thanked those present, as well as the other inhabitants of the district, for the many kindnesses he had experienced from them. It had also been the intention of the committee to present Dr. Parker with a substantial testimonial that evening, but owing to the shortness of notice the arrangement had not been completed in time, but the testimonial will be forwarded to him to Mount Gambier.

DR. HARTLEY DIXON has returned to Adelaide from England, and resumed practice at his former residence, "Pine Villa," Franklin Street.

DR. J. A. G. HAMILTON, of Kapunda, has been appointed a Justice of the Peace.

TASMANIA.

THE number of new out-patients at the Hobart General Hospital has been 50 for the month of April, and 79 cases were renewed. The amount of £2 1s. has been received for renewals during the month.

DRS. H. BUTLER and E. L. Crowther, of Hobart, have been re-elected Members of Parliament.

MR. GILBERT EDWARD BUTLER, of Hobart, has been admitted a member of the Royal College of Surgeons of England.

VICTORIA.

AT the meeting of the Committee of the Melbourne Hospital, held on May 30th, Mr. H. I. Hart brought forward a motion for the repeal of Rule 31, and to substitute for it a rule providing for an alteration in the election of the Resident Medical Officers. Under the old rule only students at the medical school of the Melbourne University are eligible for election, but by Mr. Hart's motion the Committee would have the power to elect such gentlemen as have graduated elsewhere for their Resident Medical Officers. After some discussion the motion was carried by the casting vote of the chairman.

IN our last issue we published an abstract of a long statement made by Mr. Gillbee in April last with regard to the excessive use of stimulants in the Melbourne Hospital, and since then the honorary medical staff of this institution have forwarded a reply denying that stimulants were extravagantly used. In answer to this communication Mr. Gillbee read a paper at a meeting of the Committee held on May 30th, in which he showed that since he had called attention to the excessive use of stimulants in the hospital the quantity consumed had greatly decreased. For instance, in the first week in March of this year the consumption of brandy alone was 1902 oz., equal to nearly 12 gallons, whilst for the week ending May 27th it was only 922 oz., or 5½ gallons, which clearly proves that Mr. Gillbee was fully justified in making his previous statement. It need hardly be said that a hearty vote of thanks was accorded to him by the committee for the trouble he had taken in the matter.

THE hospital at Echuca was formally opened on the 5th of June. The present building will accommodate eight patients, but the new wing in course of erection provides for fifteen more patients.

THE hearing of the charge against Langley and Rider of attempting to defraud by representing themselves as medical men was concluded at the Central Criminal Court on May 18th. Both prisoners were found guilty. They were sentenced to seven and three weeks' imprisonment respectively, but sentence was suspended, pending the decision of a point reserved.

DR. D. B. REID, of Geelong, was presented by his friends on May 29th with a gold watch and chain, together with an illuminated address. On the watch was the following inscription—"Presented to D. B. Reid by his friends and admirers in Geelong, in recognition of his great surgical skill and his worth as a man."

DR. D. P. BENNIE has resigned his position as Resident Surgeon to the Daylesford Hospital, in order to accept the appointment of Medical Officer to the Melbourne Branch of the St. Patrick's Benefit Society.

A PUBLIC meeting was held at the Melbourne Town Hall, on June 3rd, of persons favourable to vaccination by calf lymph. There was a small attendance, and Dr. Le Fevre occupied the chair. A resolution was passed that a deputation should wait on the Chief-Secretary and request an alteration of the provisions of the Vaccination Act, so that calf lymph might be used if parents desire it.

A BANQUET was given at Clunes on Friday night, June 2nd, in honour of Dr. R. D. Stevenson, who is a Victorian native, by the Clunes branch of the Australian Natives' Association.

DR. A. SHAW, late of Springsure (Qu.) and Stanley (Tas.) has commenced practice at Eaglehawk.

WESTERN AUSTRALIA.

DR. JOHN R. M. THOMSON, late of Belfast (Vic.), is now practising at York. He has been appointed a member of the York District Board of Education.

A HOSPITAL is now being erected at Williams River, on the Albany road, a postal centre 100 miles south-east of Perth.

MEDICAL APPOINTMENTS.

Addison, George, M.D., M.R.C.S.E., L.S.A. Lond., of Gawler, appointed Medical Officer to attend to the destitute poor and aborigines within the district of Mudla Wirra South S.A.

Agassiz, Alfred, M.R.C.S.E., to be Government Medical Officer and Vaccinator for district of ootumundra, N.S.W.

Beattie, Joseph Aloysius, L.K.Q.C.P. et R.C.S. Irel., appointed Government Health Officer for Port Jackson, N.S.W., vice Dr. H. G. Alleyne, resigned.

Campbell, Henry William, M.R.C.S.E., L.S.A. Lond., to be Honorary Assistant Surgeon to the Temuka Rifle Volunteers, N.Z.

Clayworth, Charles Creasey, M.R.C.S.E., L. et L. Mid. R.C.P. Edin., appointed Resident Medical Officer at the Sydney Hospital.

Collins, Patrick John, surgeon, to be a Public Vaccinator for the district of North Adelaide, S.A.

Corbin, Thomas W., M.R.C.S.E., L.S.A. Lond., appointed Visiting Medical Officer to the Adelaide Home for Incurables at a salary of £52 per annum.

Foot, Edward Charles, M.B., to be Public Vaccinator for the Dunstan District, Prov. Otago, N.Z.

Harricks, J. Hugh, M.R.C.S. Eng., to be Health Officer for Rockhampton, Qu.

Lovell, Robert Haynes, M.R.C.S.E., L.R.C.P. Lond., appointed Out-door Surgeon of the Sydney Hospital, for the Western District.

McGwire, William Walter, M.B. et Ch.B. Melb., 1881, appointed Medical Officer to the Ravenswood Hospital, Qu.

Macqueen, Archibald John, F.R.C.S. et R.C.P. Edin., L.F.P.S. Glas., to be Government Medical Officer for the district of Forbes, N.S.W.

Mann, James, L.R.C.P. et R.C.S. Edin., appointed Chief Medical Officer of the Destitute Poor Department, Adelaide, at a salary of £600 per annum.

Mayhew, W., Surgeon, of Newcastle, W. A., to be Public Vaccinator for the Rural District of Toodyay, W. A.

Muskett, Phillip Edward, L. et L. Mid., R.C.S. et R.C.P. Ed., appointed Resident Medical Officer at the Sydney Hospital.

O'Connell, James, surgeon, of Adelaide, appointed Medical Officer to attend to the destitute poor and aborigines within the district of Mitcham, S.A.

Pentland, Alexander, M.B., appointed Medical Officer to the Casualty Hospital at Port Lincoln, S.A.

Schmid, J. J., surgeon, appointed Medical Officer to attend to the destitute poor and aborigines within the district of Clarendon, S.A.

Smith, John, L.F.P.S. Glas., to be a Public Vaccinator for the Hawera and Inglewood districts, N.Z.

Steel, John James, L.R.C.P. et R.C.S. Edin., appointed Out-door Surgeon of the Sydney Hospital, for the Southern District.

Stewart, Douglas Edward, M.B. et Ch.M. Edin., appointed Medical Officer to the Pentridge Stockade, Coburg, Vic.

Thompson, Charles Emilius, M.R.C.S.E., appointed Medical Officer to the Yatala Labour Prison, Salisbury, S.A. at a salary of £270 per annum.

Warren, William L.R.C.S., et L. Mid., K.Q.P. Irel., of Richmond, Vic., elected Honorary Physician to attend out-patients of the Alfred Hospital, Melbourne.

Wigg, Alfred E., M.D., L.R.C.P. Ed., L.R.C.S., Eng., of Norwood, S.A., elected Honorary Medical Officer to the Adelaide Children's Hospital, vice Dr. S. J. Magarey, resigned.

PROCEEDINGS OF COLONIAL MEDICAL BOARDS.

The following gentlemen having presented their diplomas, were duly registered as legally qualified Medical Practitioners by the respective Boards:—

NEW SOUTH WALES.

Bowkett, William David, L.S.A. Lond., 1872, M.R.C.S. Eng., 1873.

Duigan, Charles Beamish, L.R.C.P. et R.C.S. Edin., 1880.

Foord-Clark, Harry, L.R.C.S. et R.C.P. Edin., 1880.

Haines, Humphrey, L.R.C.P. et R.C.S. Edin., 1879.

Hoets, Alton Kingsley, L.S.A. Lond., 1879, M.R.C.S.E., 1880.

Lewers, Thomas Ross, M.B. et Ch.B. Univ. Melb. 1880, M.R.C.S.E., 1881.

Little, William, L.R.C.P. et R.C.S. Edin., 1879.

Oram, Arthur Murray, M.B. et Ch.M. et M.D. Univ. Edin., 1881.

O'Reilly, Archibald Thomas, M.R.C.S.E., 1881.

Also for Additional Registration—

M'Killop, Robert, F.R.C.S. Edin., 1882.

NEW ZEALAND.

Campbell, James, M.D. et Ch.M. Montreal, Canada, 1876.

Leggatt, Alfred John, M.R.C.S. Eng., L.S.A. Lond., 1866.

Mackintosh, Alexander, M.B. et Ch.M. Glas., 1874.

Rowley, Charles, M.R.C.S. Eng., 1881.

QUEENSLAND.

Eames, William B. F., Surgeon.

Fitzgerald, Edward Maxwell, L.R.C.P. et R.C.S. Edin.

Jackson, Ernest Sandford, M.B. et Ch.B. Melb., 1881.

Kesteven, Leighton, M.K.C.S. Eng., 1873.

Tuck, John, M.R.C.S. Eng. et L.S.A. Lond., 1868.

Wood, Henry Simpson, M.B., 1878, Ch. B., 1879, Melb.; M.R.C.S., Eng., 1881; L. et L. Mid. R.C.P. et R.C.S. Edin., 1881.

SOUTH AUSTRALIA.

Collins, Patrick John, Surgeon.

Mann, James, L.R.C.P. et R.C.S. Edin.

VICTORIA.

Browne, Valentine Edward, L. 1872, M.B., 1873, Univ. Dub., L.R.C.S. Irel. 1872.

Stevenson, Ralph Drummond, M.B. et Ch.M. Glas., 1879.

Additional Qualification Registered.

Wood, Henry Simpson, M.R.C.S. Eng., 1841, L. et L. Mid. R.C.S. et R.C.P. Edin., 1881.

Name restored to the Register.

Shaw, Alfred, L.A.H. Dub., 1856, L.R.C.S. Irel., 1861, et R.C.P. Edin., 1863, L. Mid. R.C.S. Irel., 1862, et R.C.P. Edin. 1863.

ASSOCIATION INTELLIGENCE.

NEW SOUTH WALES BRANCH.

The twenty-third general meeting of the Branch was held in the Royal Society's hall on Friday, May 5th. Present—Dr. Fortescue (President) in the chair, Dr. Milford (Vice-President), Drs. Quaiffe, Shewen, Proudfoot, Belgrave, Wright, C. Dixon, Watson, Warren, Wrigley, Markey, Williams, Twynm, Brady, Marano, T. Dixon, Trail, Pickburn, and the Hon. Sec. (Dr. W. J. O'Reilly).

The minutes of the last general meeting were read and signed.

The Secretary then announced the election as Members of the Branch of the following gentlemen, viz.—Drs. Wrigley, Oram, Machattie, Sinclair, Hawkins, Gordon, Symes, and W. D. C. Williams.

Dr. SHEWEN then read his paper on "Caisson Disease," which will be found on page 116. A long and interesting discussion followed, in which Drs. Belgrave, C. Dixon, Shewen, T. Dixon, Quaiffe, Warren, Twynam, and O'Reilly took part.

The PRESIDENT said something ought to be done to put a stop to the scare which at present existed among the working men, and which was interfering with the progress of the public works of the colony.

It was ultimately resolved, on the motion of Dr. Quaiffe, seconded by Dr. O'Reilly, that a committee, consisting of Drs. Belgrave, Shewen, C. Dixon, Twynam, Proudfoot, and Milford, be appointed to investigate the subject and report to the Council.

Dr. CRAIG DIXON exhibited a specimen of carcinoma of the stomach, and a discussion followed, in which many gentlemen took part.

Dr. MILFORD exhibited two pathological specimens. The first was a piece of bone which had been embedded in the rectum for some considerable time, and which presented the appearance of a mutton bone. The second was a case of ossification of the falx cerebri. Upon this case the doctor read a few notes of the post-mortem examination, which stated that deceased had met with his death by a fit of apoplexy.

Dr. BELGRAVE then moved his resolution re special meetings standing on the business paper. After some discussion Dr. Belgrave amended his motion as follows, which is to be discussed at the next general meeting—"That in Rule 9 all words after 'authority' be left out and the following be inserted, 'or shall on the requisition of not less than thirty members of the Board.'"

Dr. WARREN then moved that it was desirable to appoint a new committee to investigate the working of Friendly Societies. He then proposed that such committee should consist of Drs. Brady, Belgrave, Pickburn, O'Reilly, Quaiffe, Shewen, and the mover." This was seconded by Dr. Marano, and carried.

The meeting then closed.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 2s. 6d. which should be forwarded in stamps with the announcements.

BIRTHS.

BARKAS.—On May 11th, at Warialda, N.S.W., the wife of W. J. Barkas, L.R.C.P. Lond., M.R.C.S. Eng., of a son.

DECK.—On May 26th, at Witheycombe, Ashfield, Sydney, the wife of J. Field Deck, M.D. of a son.

SPROD.—On May 6th, at Kensington, S.A., the wife of John Sprod, M.R.C.S.E., of a son.

MARRIAGES.

HILL—CHALLINOR.—On May 18th, at St. Mary's Church, Waroo Point (Qu.), by the Rev. D. A. Court, William Embury, fourth son of the late (captain) Henry Edward Hill, Stroud, N.S.W., to Ellen Mary, eldest daughter of Henry Challinor, F.R.C.S.E., Brisbane.

OGG—NORTON.—On June 6th, at St. John's Church, Gundagai, New South Wales, by the Rev. J. H. Williams, Alex. S. Ogg, M.B. Canada, L.R.C.P. Edin., to Louie, third daughter of M. Norton, Gundagai.

DEATHS.

CARROLL.—On May 22nd, at Auburn Street, Goulburn, N.S.W., Walter John Carroll, L.R.C.S. Irel., 1873, aged 44 years.

CONRADT.—On May 18th, at Geelong, Vic., Sigismund Conradt, M.D. Leipzig, 1863, of Eaglehawk, aged 47 years.

DEPSTE.—June 8th, at Albury, N.S.W. John James Colquhoun Dempster, M.D. et L.R.C.S. Ed., 1835, late of Beechworth and St. Kilda (Vic.), from abscess of the liver, aged 48 years.

FALDER.—On May 22nd, Robert Falder, M.R.C.S. et L.S.A. Lond., 1827, M.D. et Ch.D. Paris, 1828, near Adelong, N.S.W., aged 77 years.

PRATT.—June 5, Agar Eustace, youngest son of Dr. Pratt of Tamworth, N.S.W.

PUBLIC HEALTH.

THE deaths registered in Melbourne and suburbs during the month of March numbered 592, viz., 319 of males and 273 of females; the births exceeding the deaths by 242. The deaths outnumbered those in February by 40, and exceeded the average of March during the previous ten years by 93. If, however, allowance be made for the increase of population, they are found to have exceeded the average of those ten years by only 13. To every 1000 of the population of the district the proportion of births registered was 2.95, and of deaths registered 2.09. Males contributed 54 per cent. and females 46 per cent. to the mortality of the month. Children under 5 years of age contributed 43 per cent. to that mortality, as against 43 per cent. in March, 1881; 47 per cent. in March, 1880 and 1879; 49 per cent. in March, 1878 and 1877; 50 per cent. in March, 1876; 58 per cent. in March, 1875; 46 per cent. in March, 1874; 49 per cent. in March, 1873; and 55 per cent. in March, 1872. In March as compared with the previous month the deaths under the head of zymotic diseases rose from 133 to 164, and those under the head of local diseases from 181 to 231. Under the zymotic head the chief increase was in deaths from croup, which rose from 4 to 6; in those from whooping-cough, which rose from 6 to 9; in those from typhoid fever, which rose from 20 to 37; and in those from rheumatism, which rose from 2 to 7. Under the head of local diseases the chief increase occurred in deaths from apoplexy, which rose from 16 to 23; in those from bronchitis, which rose from 4 to 19; and in those from liver diseases, which rose from 8 to 21. Deaths from constitutional diseases decreased from 106 to 93, the diminution being in deaths from scrofula, which fell from 5 to nil; and in those from phthisis, which fell from 68 to 62. Five deaths were set down to the consequences of childbirth, or one death of a mother to every 167 registered.

THERE have been 48 deaths registered in Brisbane and suburbs during the month of April, 31 males and 17 females. The number of deaths was 15 less than was registered in the previous month of March. The deaths from zymotic diseases were 13; constitutional diseases, 6; local diseases, 20; developmental diseases, 6; and violence, 3. Within the municipality, 65.22 per cent. of the deaths were of children under five years; the rate in the suburban parts of the district having been 48.00, and the rate in the whole Registry District 56.25. The true infantile mortality, or deaths under one year, as compared to births in the district, has been 11.96 per cent. within, 21.21 per cent. outside the municipality, and 14.40 in the whole Registry District.

THE deaths in the fifteen principal towns of New Zealand, with a total population of 135,762, amounted to 148 in April, a decrease of 10 on the number for March. Of these deaths, males contributed 84, females 64; 73 of the deaths were of children under five years of age, being 49.32 per cent. of the whole number; 57 of these were of children under one year. The following remarks apply only to the four principal boroughs, viz., Auckland, Christchurch, Wellington, and Dunedin: Zymotic diseases—The deaths from these causes were 25 in April, against 26 in March; the comparison also is favourable with April, 1881, when these deaths amounted to 32. The deaths from scarlet fever were 3 in April, against 6 in March, but the deaths from typhus and typhoid fever were 5 in April, against 2 in March. Constitutional Diseases—These diseases caused 8 deaths in April, against 11 in March; of these 8, phthisis contributed 5. Local Diseases—There was an increase in the deaths in this class in April, the number having been 32 against 27 in March; in April, 1881, the number was 29. While deaths from diseases of the nervous system increased from 8 in March to 11 in April, the deaths from diseases of the respiratory organs decreased from 5 to 2; but diseases of the digestive system caused 12 deaths in April, against 4 in March.

At the end of May there were no less than 46 typhoid cases in the Sydney Hospital, 33 being on the male and the remainder on the female side. At present some of the typhoid cases are of a severe nature, but the rate of mortality is exceedingly low. This is, in a great measure, attributable to the fact of a number of the cases being in the temporary ward, which is exceedingly well ventilated. The directors of the hospital are exceedingly anxious to have the hospital relieved of the pressure which is being made on the wards of the institution, and with that object in view wrote to the Government for permission to transfer thirty convalescent typhoid cases to the Coast Hospital at Little Bay. The outbreak of typhoid fever is

not confined to any portion of the city or to any district, but seems to have been general in most parts of the city and suburbs. Since January last 119 cases of typhoid fever have been received into the Sydney Hospital, of whom 19 succumbed to the disease. A large proportion of the cases which proved fatal were not received until the disease had reached a very advanced stage; 56 of the 119 cases were admitted from the city, 14 from ships in the harbour, and the remainder, 49, from the country and suburbs.

THE Surgeon-Superintendent of the immigrant ship *Southesk*, which arrived in Moreton Bay on May 10th, reported that during the voyage there occurred 26 cases of typhoid fever, 9 cases of whooping-cough, and 42 cases of measles. There were no deaths from measles, but 13 deaths (of children) occurred from typhoid, the last death taking place on the 25th March. In consequence of this report the ship and all on board were ordered into quarantine.

DR. CROOKE, of Fitzroy (Vic.), reported to the Central Board of Health on May 15th, that a boy five years of age, living with his parents in Drummond Street, Carlton, Melbourne, had developed smallpox. The house was quarantined, and the inmates were vaccinated. The boy was taken ill on Friday, and, according to Dr. Crooke, the eruption appeared on the following day. The City Health Officer examined the patient, but as he is of the opinion that his complaint is merely a case of chickenpox, the police were removed from the house, and isolation was discontinued.

WITH reference to the recent outbreak of typhoid fever at Drysdale (Vic.) the Health Officer, Dr. Carstairs, of Geelong, reported to the Central Board of Health that the cases occurred in twenty families, and the patients numbered forty-three, one of whom died. The first case occurred on February 15th, four others between that date and March 15th, and the bulk between the 22nd March and 13th April; only a few have been seized since that date. As to the ages of the patients, Dr. Carstairs states that eight were under 10 years, twenty-four from 10 to 20, nine between 20 and 30, and two between 30 and 50 years.

THE *Central Australian*, published at Bourke, records the extraordinary prevalence of typhoid fever at a sawmill, near the Three Legs of Man Hotel, Tindary. The presence of the disease is attributed to drinking bad water from an old shaft. Seven deaths in all have occurred, and, in consequence, the population of fifty or sixty who were at the place have all left.

THERE are forty-four patients in the Brisbane Hospital suffering from typhoid fever, and one from measles. The total number of patients, suffering from typhoid fever, admitted to the institution between March 1 and May 13, is eighty-two.

It was announced at a meeting of the Adelaide Hospital Board held on May 12th, that thirty-five cases of typhoid fever are under treatment in that institution.

TYPHOID fever and measles are very prevalent in Auckland and suburbs.

TYPHOID fever is also prevalent at Alexandra, Whittlesea, and Smythesdale, in Victoria, and at Goulburn and Hillston, N.S.W.

AN epidemic is raging in the vicinity of Dally's Hotel, twenty miles from Girilambone, on the Bourke road. Six people have already died. It is a sort of English cholera. Several people have gone to Bourke, suffering from the disease.

BRONCHITIS and whooping-cough are prevalent among the children at Ipswich (Qu.).

OBITUARY.

WALTER JOHN CARROLL, L.R.C.S. IREL.

It is with feelings of regret that we record the death of Dr. Walter John Carroll, who expired at Goulburn, on May 22nd, at the early age of 44. Dr. Carroll was a native of Dundalk, in Ireland. He graduated at the Dublin University, and on more than one occasion distinguished himself as a scholar, and became the possessor of several gold medals and other prizes. He arrived in New South Wales in 1864, and practised first in Sydney, afterwards at Hill End, and finally removed to Goulburn, where he had been residing for some time. Dr. Carroll had attained a great reputation throughout this district, not only as a first-class surgeon, but also as a good-natured gentleman and kind friend. Dr. Carroll's health had been gradually failing for many months past, the cause of death being phthisis. He has left a widow and two children.

DUBOISIA ALKALOID AND ITS PHYSIOLOGICAL ACTION.

In our last issue we brought an original contribution by Dr. George Fortescue on the "Physiological Effects of Duboisia on the Eye," which has excited some interest in the profession, and having been favoured by Dr. Williams, of Darlinghurst, with a paper on "The Alkaloid and Active Principle of Duboisia Myoporoides," published by A. W. Gerrard, F.C.S., in the *Pharmaceutical Journal* of April 6th, 1878, we believe the following abstract will be of great interest to our readers.

Mr. Gerrard, in his paper, comments on the powerful physiological action of the drug, especially in dilating the pupil of the eye and causing dryness of the mouth and thirst, which facts, he considers, lead at once to the inference that its activity must be due to an alkaloid having properties in common, if not identical, with atropine. Mr. Gerrard, being desirous to investigate it closely, obtained supplies of the extract, which upon examination proved to be an aqueous one, and was submitted to the following treatment: one thousand grains when thinned by the addition of an equal volume of water were treated with alcohol till no further precipitation occurred; the alcoholic solution was filtered and the insoluble matter washed with alcohol; the alcohol was now distilled off, and the residual extract diluted with a small portion of water, treated with ammonia in slight excess, and shaken with chloroform; the chloroform separated and distilled yielded a varnish-like residue having a powerful alkaline reaction. By re-solution in dilute sulphuric acid and addition of ammonia a dull grey precipitate was produced, immediately aggregating into oil-like drops heavier than the mother-liquor. The alkaloid was finally abstracted with ether, which yielded after evaporation 21 grains. The alkaloid appeared as a yellow viscous mass freely soluble in alcohol, chloroform, ether, benzol, and carbon bisulphide, fairly soluble in water, and imparting to it a decided alkaline reaction; solutions of the alkaloid in the preceding solvents upon spontaneous evaporation yielded no crystals. A portion of the new alkaloid converted into sulphate and treated with various reagents was found to give reactions so similar to atropine that he determined to test it side by side with that alkaloid, the better to observe their relations and differences.

Mr. Gerrard, after reporting his various experiments with Duboisia Alkaloid and Atropine, comes to the conclusion that the former alkaloid is not atropine, for the following four reasons:—1st. Its solubility in water is twice or more than twice that of atropine. 2nd. It has more power of neutralising acids than atropine. 3rd. Its behaviour to sulphuric acid in the cold, and also when heated with bichromate of potash, differs from the behaviour of atropine. 4th. When boiled with baryta the odour it evolves is entirely different to that given off by atropine under the same conditions.

With regard to the physiological properties of the new alkaloid, Mr. Gerrard introduces the following notes on the physiological action of the alkaloid of duboisia, by Sydney Ringer and William Murrell:—

Action on the Eye.—We find that it quickly and widely dilates the pupil. Mr. Blake dropped a small quantity of a solution, 1 in 120, into an eye. In ten minutes the pupil was widely dilated.

Action on the Skin.—Mr. Blake injected one-sixtieth of a grain under the skin of a patient troubled with night sweating. The sweating was much prevented.

Effect on the Mouth.—Mr. Blake injected one-sixtieth of a grain hypodermically into two patients. The injection caused great dryness of the mouth.

Antagonism to Muscarine.—We find also that like atropia it antagonises the action of muscaria on the heart of a frog. We exposed the heart of a brainless frog, and applied a minute quantity of extract of amanita muscaria. The heart-beats had nearly stopped in five minutes, there occurring only an occasional pulsation. We then applied a small quantity of solution of the duboisia alkaloid, one in twenty, and in half a minute the heart beat strong and naturally thirty-four per minute.

Tetanisng Property.—Like atropia also this alkaloid produces tetanus after the lapse of some hours or days. We injected one-seventh grain, one-fifth grain, and one-seventh grain respectively, under the skin of three frogs. Slight but distinct tetanus occurred in two in twenty-four hours.

Mr. Gerrard concludes his highly interesting paper by congratulating medical men and pharmacists in Australia on having at their disposal a source from whence to obtain by the aforesaid simple process a therapeutic agent of great value.

CORRESPONDENCE.

SUPPOSED ERROR IN MEDICAL APPOINTMENT COLUMN.

(TO THE EDITOR OF THE AUSTRALASIAN MEDICAL GAZETTE.)

SIR.—I think an error has crept in the Medical Appointment column of the April No., where it is announced that Dr. Lewis has been appointed Public Vaccinator for the Tauranga district, an appointment I have held for several years now. As Dr. Lewis resides at Ohinemutu, more than forty miles south of Tauranga, and as there are two other medical practitioners here besides myself, the announcement is not probable. Perhaps the district of Rotorua is meant, where Dr. Lewis is Government Medical Resident. I am, &c.,
Tauranga, N.Z., May 6th, 1882.

F. W. ARMITAGE, M.R.C.S.

[On referring to the *New Zealand Government Gazette* we find that our notice is correct, as Dr. Lewis has been gazetted a Public Vaccinator for the Tauranga district. Dr. Lewis now resides at Rotorua, and we presume that the Hot Springs country is included in the Tauranga district.—Ed. A.M.G.]

THE PUBLICATION OF THE PROCEEDINGS OF THE MEDICAL SOCIETY OF VICTORIA IN THE AUSTRALASIAN MEDICAL GAZETTE.

(TO THE EDITOR OF THE AUSTRALASIAN MEDICAL GAZETTE.)

SIR.—You will see from the report enclosed that Dr. Allen, Hon. Secretary of the Medical Society of Victoria, has brought forward a complaint that the rules of the Society have been infringed by the publication in the last number of the *Gazette* of a report of the May meeting of the Society, before the appearance of the papers then read in the number of the *Australasian Medical Journal* for that month. The rule referred to distinctly speaks of papers read before the Society, reports of the business transacted not being mentioned, nor even abstracts of papers, so that it is difficult to understand where the fault lies.

Not being conscious of any infringement of the rules of the Society, I enclose my report of the meeting of last Wednesday evening leaving the publication of it to your discretion. Besides the readers of the *Gazette*, the authors of the papers read before the Medical Society and those who take part in the general business of its meetings are interested in the publication of correct reports of their doings there. The widest publicity is what all wish, and it is what will prove most conducive to the advancement of the profession. Of course the permission of the Committee of the Medical Society may be sought before reporting its transactions, but the necessity for doing so has not yet become apparent.

Meanwhile I have communicated with the Council of the Victorian Branch of the Association for instructions on the subject.

Melbourne, June 9th, 1882.

YOUR REPORTER.

HYPODERMIC INJECTION OF MERCURY.

(TO THE EDITOR OF THE AUSTRALASIAN MEDICAL GAZETTE.)

SIR.—In the May number of your valuable journal I notice an extract from the *Marstrand Medical Journal* on Hypodermic Injection of Mercury, and I now desire to offer a few remarks with reference to the said paragraph. Some years ago Professor Bamberger, of Vienna, introduced on the continent a solution of Hydrargyrum Albuminatam, which, however, being very difficult to prepare, and as it cannot be kept for any length of time, it proved unpracticable for medical purposes, therefore in 1876 Professor Bamberger substituted Hydrargyrum Peptonisatum for it, which consists of Bichl, Hydrargyrum, Peptone, Chloride of Sodium. (Martineau's solution contains Chloride of Ammonium) and water and has since been known as Bamberger's Solution, or with Pharmacists as Hydrargyrum Peptonisatum. This solution is tolerably durable, and is to be preferred to all other similar solutions, especially as any practitioner may easily prepare it himself. Whilst practising in Magdeburg I have given more than 2000 injections of mercury, and during the last three or four years I never used any other solution, though I have found that the same is not quite free from reaction at the puncture, yet it produces less pain, or local and general reaction, than any other known solution. I am not surprised to read that M. Martineau's solution did not produce any reaction, in fact it would be marvellous, if it had produced more reaction than distilled water, which alone, as is well known, causes pain to some persons. But just as marvellous for those practitioners, who have much to do with hypodermic injections of Mercury, are the "very striking effects on the specific malady" as produced by the homeopathic doses of M. Martineau. This solution, irrespective of Peptone and Chloride of Ammonium to which certainly we cannot ascribe any great influence, contains only one grain Bichloride Hydrargyrum to 340 grains of water, whilst Bamberger's genuine solution contains one grain Bichloride Hydrargyrum to 100 grains water. One minim of the former solution contains 1-340 grains, therefore one dose of 15 minims contains 15-340 or nearly 1-230 grains, however of Bamberger's solution usually 1-6 grain is injected daily, or from 40 to 50 times as much as of Martineau's, and I have often injected even as much as one grain Bichloride Hydrargyrum within two or three days without any local or general accident, that is to say a quantity which according to Martineau's formula (and Martineau injects only every two or three days) it would take from one and a half to two years to inject into the body. Besides a slow procedure would frustrate the main object of the treatment by hypodermic injections of Mercury, which is generally resorted to in all cases where an immediate effect has to be produced, or a cure to be effected within a short time.

I am, etc.

AUGUST DUCKERSHOFF, M.D.

Sydney, May 26th, 1882.

OUR NEXT NUMBER WILL CONTAIN:—An important paper on "Puerperal Fever, its Prevalence and Pathological Affinities," by J. Jamieson; "Animal Vaccination," by Dr. H. Benjafield; "Belladonna in Intestinal Obstruction," by Dr. H. G. H. Naylor; "Remarks upon Quackery and matters allied thereto;" "Notes on the Physiological Action of Duboisia on the Eye," by Dr. W. S. O. Byrne, &c., &c.

CONTRIBUTIONS TO THE VITAL STATISTICS OF AUSTRALIA.

By JAMES JAMIESON, M.D.,

(Lecturer on Obstetrics and Diseases of Women and Children, Melbourne University.)

II.

PUERPERAL FEVER, ITS PREVALENCE AND PATHOLOGICAL AFFINITIES.

On various occasions I have directed attention to the high rate of mortality among lying-in women in Victoria, and especially to the continued and undue prevalence of puerperal fever in Melbourne. It may be interesting, and not without value, to institute a comparison of the number of deaths from childbirth causes in the leading colonies, and to compare the death-rate with that observed in the mother country. This being done, it may next be useful to try and discover whether, by comparing the returns of deaths from puerperal fever and from certain zymotic diseases, it may not be possible to learn something about the pathological affinities of the disease or diseases to which, for want of a better name, the Registrar-General applies the term Metria, and places in the miasmatic order of the great class of zymotics. Great difficulties attend the settlement of any of the questions to be discussed. Registrar-Generals, and vital statisticians generally, say that the deaths registered, as due to causes connected with child-bearing, give no exact measure of the deaths actually so caused. The opinion is plainly expressed by Mr. Hayter, in the "Victorian Year-book" for 1881-82, that medical men have a tendency to keep back the fact that the death, which they certify as caused by peritonitis, exhaustion, &c., followed soon after delivery; and that, unless further enquiries are made for the purpose of bringing out this association, the death-rate from all childbirth causes is made to appear lower than it ought to be. I fear that there is some truth in this complaint, and that nearly all published figures are more or less vitiated in that way. It may be that this departure from absolute correctness is greater in one country than in another, and Mr. Hayter claims that the Victorian returns are more exact than those of the other colonies, and that the high death-rate in this colony is to be explained by more careful inquiries being made. (v. "Year-Book," 1881-82, page 272). As a matter of fact, I believe that the vital statistics of Victoria are more carefully compiled than those of any of the other colonies, and they certainly are more convenient for reference. But there is a further fallacy, specially applying to the returns on the point of the prevalence of puerperal fever. Probably no cause of death, producing on the average a very small amount of mortality, causes more feeling of popular alarm than puerperal fever. The circumstances under which it occurs, and its great tendency to prove rapidly fatal, sufficiently account for this feeling. It is perhaps natural, therefore, that medical men should sometimes try to give to the cause of death a name less alarmingly significant than that of puerperal fever; and it is not unlikely that the synonym by which it is described, is not always interpreted rightly by the statistical authorities. However this may be, I think there can be no doubt that the death-rate from metria is habitually understated, and especially in seasons when it is unusually prevalent. It is scarcely possible, on any other supposition than this, to account for the fact that, almost invariably when there is a high recorded death-rate from puerperal fever, there is a simultaneous rise in the number of deaths from the so-called "accidents of childbirth," which ought to represent a tolerably fixed quantity, whose variations at least should not run parallel with those of an acute contagious disease.

These difficulties, attendant on any such inquiry as that now to be entered on, must be fairly recognised, and must as far as possible be allowed for, since they cannot be overcome by correcting the official returns. Though my main object is to discuss the prevalence and relations of puerperal fever, this cannot be satisfactorily done without taking into consideration the deaths in childbed from other causes, for the reason just pointed out. The figures for single years in particular colonies are too small to give proper averages, and so I have grouped them in various ways.

First of all, then, there is presented a series of tables, showing the number of births, the deaths from metria and from the accidents of childbirth, separately and combined, and the rate per 1000 births, in

particular years and periods, in each of the four chief colonies of continental Australia, in the order of population. For all but New South Wales the decennial period 1871-80 is taken, the figures for that colony having been published, in an accessible form, only since 1875.

TABLE I.

Showing the number of births and of deaths from metria and from childbirth, and the rate per 1000 births in Victoria.

	Births.	Metria.	Childbirth.	Total.
1871	27,382	12=0.44 ‰	90	102=3.69 ‰
1872	27,361	16	123	139
1873	28,100	44	127	171
1874	26,800	109=4.07 ‰	142	251=9.36 ‰
1875	26,720	83	154	237
1876	26,769	48=1.79 ‰	117	165=6.16 ‰
1877	26,010	42	131	173
1878	26,581	49	149	198=7.45 ‰
1879	26,839	38	123	161
1880	26,148	20=0.76 ‰	111	131=5.01 ‰
	268,710	461=1.72 ‰	1267=4.72 ‰	1728=6.44 ‰

TABLE II.

Showing the same for New South Wales.

	Births.	Metria.	Childbirth.	Total.
1875	22,528	47	102	149=6.61 ‰
1876	23,298	50=2.15 ‰	136	186=7.98 ‰
1877	23,851	14=0.58 ‰	99	113=4.74 ‰
1878	25,328	18	85	103=4.07 ‰
1879	26,933	18=0.67 ‰	72	90=3.34 ‰
1880	28,162	21	106	127=4.51 ‰
	150,100	168=1.12 ‰	600=4.0 ‰	768=5.12 ‰

TABLE III.
South Australia.

	Births.	Metria.	Childbirth.	Total.
1871	7,082	1	23	24
1872	7,105	1	27	28
1873	7,107	0	22	22=3.09 ‰
1874	7,696	2	36	38
1875	7,408	6=0.89 ‰	48	54=7.29 ‰
1876	8,224	3	46	49
1877	8,640	4=0.46 ‰	41	45
1878	9,282	4	37	41
1879	9,902	7	43	50=5.05 ‰
1880	10,262	4=0.39 ‰	35	39=3.80 ‰
	82,708	32=0.39 ‰	358=4.33 ‰	390=4.72 ‰

TABLE IV.
Queensland.

	Births.	Metria.	Childbirth.	Total.
1871	5,205	4	22	26
1872	5,265	1	27	28
1873	5,720	10=1.75 ‰	13	23=4.02 ‰
1874	6,383	6	27	33
1875	6,706	4	33	37
1876	6,903	13	30	43
1877	7,169	15=2.09 ‰	38	53=7.39 ‰
1878	7,397	9	37	46
1879	7,870	8	30	38
1880	8,196	5=0.61 ‰	37	42=5.12 ‰
	66,814	75=1.12 ‰	294=4.40 ‰	369=5.52 ‰

I have calculated the rates only for what may be termed representative years, and for the average of the whole period. It is thus possible to institute a comparison, both of the fatality from puerperal fever and of the total mortality from all childbirth causes in the various colonies. The differences in different years in all are very great; but it is apparent, both from the totals and from the Metria rate, that deaths among lying-in women, from causes associated with delivery, have been more frequent in Victoria than in any of the other colonies, puerperal fever especially having been very prevalent and fatal. Whether this is to be fully explained in the manner suggested by Mr. Hayter I am unable to say; but the excess shown is probably in part accounted for by a more exact system of registration. I reserve some further remarks on this point, however, till the figures referring to Melbourne and Sydney have been presented. Of the other colonies it appears that, in New South Wales and Queensland, the condition of things has been very much alike, both as regards deaths from puerperal fever and total mortality; while South Australia has had both a lower average rate, and a very marked immunity from the ravages of puerperal fever. The great and almost sudden increase of the mortality from puerperal fever in the years 1873-74 need only be pointed out here, as it will be considered further on.

For the purpose of instituting a proper comparison between the mortality in childbed, in Australia and in England, it is necessary to combine the figures for the several colonies, so as to get over mere local and accidental variations, year by year. In the following table, therefore, the deaths, in all the colonies, from Metria alone, and from Metria and the accidents of childbirth combined, are given for each year, together with the rates to 1000 children born alive, both here and in England.

TABLE

	Deaths from		Rate per 1000 births.	
	Metria.	Metria and Childbirth.	Australia.	England.
1871	17	152	3.83	4.9
1872	18	195	4.91	4.6
1873	54	216	5.28	5.0
1874	117	322	7.88	6.9
1875	140	477	7.53	6.0
1876	114	443	6.81	4.7
1877	75	384	5.85	3.9
1878	80	388	5.66	3.7
1879	71	339	4.74	
1880	50	339	4.66	
	736	3255	5.73	4.94

Taking the Australian Colonies as a whole we see that, while the total childbirth mortality is greater than in England, the Metria rate is less, that from the "accidents" being, on the contrary, considerably higher. Only in Victoria did the Metria rate in any year (1874) exceed the highest in England, viz., 3.63 per thousand also in 1874. It has been remarked by Dr. William Farr, in one of his annual reports (the 38th) that the deaths, in different English districts among lying-in women, depend mainly on whether skilled attendance is or is not easily available, and he contrasts North Wales with London, the death rate being twice as great in the former as in the latter. To a considerable extent the same explanation may be assumed to hold true of the relatively high death rate in Australia. The explanation, however, would be more satisfactory, if it were not found that, in some of the cities, and notably in Melbourne, the mortality is and has been on an average greater than in the country districts, the deaths ascribed to childbirth being about the same, and those from Metria more numerous. The following tables supply the figures for Melbourne and Sydney, including in both cases the year 1881, which for the former city showed the highest maternal mortality of any there recorded.

TABLE VI.

Showing the births, deaths from Metria, and from Metria and Accidents of Childbirth, with the rate per 1000 births in Melbourne and Suburbs.

	Births.	Metria.	Metria and Childbirth.
1871	7,637	3=0.39 %	19= 2.48 %
1872	7,632	5=0.65 "	30= 3.93 "
1873	8,007	21= .62 "	66= 8.24 "
1874	7,946	39=4.91 "	78= 9.81 "
1875	8,227	20=3.16 "	66= 8.02 "
1876	8,202	16=1.95 "	49= 5.97 "
1877	8,295	17=2.05 "	59= 7.11 "
1878	8,036	16=1.85 "	62= 7.17 "
1879	8,829	20=2.26 "	57= 6.45 "
1880	8,645	3=0.34 "	45= 5.20 "
1881	9,236	37=4.00 "	103=11.15 "
	91,292	203=2.22 "	634= 6.94 "

TABLE VII.

The Same for Sydney, 1871-4, and Sydney and Suburbs, 1875-81.

	Births.	Metria.	Metria and Childbirth.
1871	2,980	8=2.68 %	11= 3.72 %
1872	2,879	16=5.56 "	16= 5.56 "
1873	3,005	9=2.94 "	12= 3.91 "
1874	3,121	23=7.37 "	27= 8.65 "
1875	6,070	32=5.27 "	69=11.37 "
1876	6,368	27=4.24 "	56= 8.79 "
1877	6,645	3=0.45 "	26= 3.91 "
1878	7,158	4=0.56 "	26= 3.63 "
1879	7,861	6=0.76 "	18= 2.29 "
1880	8,354	11=1.32 "	49= 5.86 "
1881	8,897	14=1.57 "	52= 5.84 "
	63,398	153=2.41 "	362= 5.71 "

From these tables it appears that, while the total childbirth death rate in Sydney has been in one year (1875) higher than in any year in Melbourne, the mortality in the latter has, on the average, been considerably greater, especially of late years. This may be the result of a more exact system of registration, the custom of the Victorian Government statist now being to check carefully all death certificates, and return them, if necessary, to have the description made more definite. This check will be most perfect in Melbourne, and will take effect, for a reason given before, especially in certificates of death occurring after delivery. When we compare the English returns with those of the two leading Australian cities, it is evident that here the mortality from childbirth causes is unduly high, and that this is especially true of the deaths ascribed to the accidents of childbirth. The average death rate from these in England, in the years 1871-78, was only 2.77 per 1000 births, while in Melbourne in the period 1871-81, it was as high as 4.72 and in Sydney 3.30. It is impossible to avoid the suspicion that error or misunderstanding has often crept in under this head. In 1872 for instance, with nearly 3000 births in Sydney, not a single death from childbirth is recorded. The highest rate in England was in the year 1874, when it was 3.29, considerably lower than the average for the Australian cities, and relatively insignificant when compared with the highest for Melbourne (7.15 in 1881) and for Sydney (6.1 in 1875). I have no doubt, however, that these figures are incorrect, and that a good many deaths which, in those years, were reckoned to the "accidents" should really have been ascribed to puerperal fever, which was excessively prevalent at the same time. To me it is inconceivable that there was really such a great and sudden rise in the mortality from such causes as *Convulsions, Hemorrhage, Rupture of the Uterus, &c.*, simultaneous with unusual frequency and fatality of Metria. The mortality of the latter I believe to be somehow understated, and from the former overstated; but it is impossible, of course, to say to what extent. When the puerperal fever mortality is compared it is found that, while the average has not been very different in the whole periods, 2.17 per cent. in England, 2.22 per cent. in Melbourne, and 2.41 per cent. in Sydney, the extremes, as might have been expected, have never been so great in England, where there has

been both a marked and steady diminution in the number of deaths in the years succeeding the great outbreak of 1874-75. For it is curious to remark, though not easy to explain, that puerperal fever assumed great severity in the same years, both here and in the old world. Here, however, in Melbourne at least, we cannot congratulate ourselves on such a complete return to the condition of earlier years, (i.e. before 1873), as has been attained in England. It is fair, therefore, to conclude that the occurrence of conditions, favoring the spread of epidemic diseases, and perhaps of a cosmical sort, ought not to be taken to explain the history of the prevalence of puerperal fever in these colonies. If epidemic conditions were even the main cause, we should have expected to find successive rises and declines in the death rate much more closely contemporaneous in Sydney and Melbourne, than tables vi. and vii. show them to have been.

It would be out of place in a paper of this sort to discuss the general question of the pathology of puerperal fever; but the smaller question of its probable affinities with certain other diseases may be considered, in the light of its comparative prevalence at different periods. In this respect, small communities like these colonies, remote from the great centres of population, may probably supply lessons not so easily derived from the conditions of these latter. The peculiarity on which this advantage rests is, that certain epidemic and other diseases, which have at various times been supposed to stand related to puerperal fever, have sudden and short outbreaks, and die almost completely out in the intervals. An opportunity is thus given of testing whether any of these seem to stand in necessary association with it. If the virus of an epidemic disease, say scarlet fever, is a frequent or important cause of attacks of puerperal fever, we ought to find outbreaks of the former invariably associated with increased prevalence of the latter. On the other hand, on the assumption of any such causal relation, we ought to find a marked diminution in the prevalence of puerperal fever as scarlatina dies out. As no one supposes that puerperal fever has its sole, or perhaps even its chief, cause in the reception of the virus of scarlet fever into the system of a lying-in woman, this mode of proof must not be pushed too far; but some sort of parallelism should be apparent, if the two diseases have any close causal relation. The same method may be applied to other diseases, and, for the purpose of testing this question of pathological affinity, I have collected, for a series of years, the number of deaths from Measles, Scarlatina, Diphtheria and Croup, and Erysipelas, and placed them in parallel columns with those from Metria. Though the deaths registered under the last head may not perhaps represent the whole, as has already been said, they may at least be taken to show the relative frequency of the disease in different years. I have taken Diphtheria and Croup together, because, although Croup may not always be diphtheritic, it certainly very often is so; and we cannot know what has been the mortality from Diphtheria, without taking account of that from Croup. I limit myself to the presentation of the figures for Victoria as a whole, and for Melbourne separately, so as not to overload the paper more than is necessary with tabular returns, and also because the figures for this colony are largest, and the number of births has varied less than in any of the others. For New South Wales a sufficiently long series of years, to allow of satisfactory proof, could not be given, and in the case of Sydney, such a series could only be got on condition of making the table up of different parts, as had to be done with table vii. In that case, where it was a question of rate per 1000, this did not greatly matter; but, where a comparison of totals has to be made confusion might readily arise, on account of the change in the area included at different periods. On the whole, the figures for New South Wales confirm the results obtained from those now to be given.

TABLE VIII.

Showing the number of deaths from various causes in Victoria, in the years 1871-80.

	Measles.	Scarlatina	Diphtheria and Croup.	Erysipelas.	Metria.
1871	4	27	345	33	12
1872	7	135	441	40	16
1873	1	188	562	53	44
1874	356	120	534	116	109
1875	1541	985	384	95	83
1876	5	2240	374	78	48
1877	6	183	674	70	42
1878	5	136	667	41	49
1879	3	61	612	57	38
1880	252	26	354	36	20

TABLE IX.

Showing the same for Melbourne, 1871-81.

	Measles.	Scarlatina.	Diphtheria and Croup.	Erysipelas.	Metria.
1871	2	16	54	14	3
1872	3	56	78	8	5
1873	0	82	164	28	21
1874	223	25	172	58	39
1875	508	727	116	37	26
1876	1	571	119	36	16
1877	3	80	164	45	17
1878	2	47	166	17	16
1879	1	27	136	26	20
1880	174	14	75	18	3
1881	6	54	84	46	37

The doctrine that many cases of puerperal fever are simply cases of one of the commoner forms of epidemic zymotic disease, with the symptoms and course modified by the peculiar constitutional state of the lying-in woman, has gradually become discredited of late years. Few probably now hold it to be true with reference to Measles, and a glance at these tables is sufficient to show that the two stand in no proper causal relation. It is true that the years 1874-75 were marked by a great and unusual fatality from both, but puerperal fever had already become widespread in 1873, when Measles was almost completely absent; and a second epidemic outbreak in 1880 was associated with the lowest Metria mortality almost of the period, its subsidence in 1881 being also coincident with the greatest prevalence of Metria in Melbourne since 1874. The association of the two diseases in 1874-75, marked as it was, must therefore be considered as simply accidental.

There are probably more persons, following the example of Dr. Braxton Hicks, who still believe that the Scarlatina virus is a true and frequent cause of an affection, which may rightly be called puerperal fever. I do not think that there is anything in favour of that view, and much that is against it, to be derived from our tables. The fatal puerperal fever years, 1874 and 1881 both showed a low mortality from Scarlet Fever, and the height of the severe epidemic of the latter in 1875-76 was coincident with a comparatively low Metria death rate. The want of coincidence, in fact, is so marked as totally to preclude the notion that the two diseases have any real affinity. The case in favour of Diphtheria is, at the first glance, a much stronger one. There was a large increase in the number of deaths from Diphtheria and Croup in the Metria years, 1873-74, and a decline of both, though not in equal measure, in 1875-76. But then, the still greater Diphtheria mortality of 1877-78, both in town and country, was not associated with any increase of that from Metria; and finally, there was comparatively little Diphtheria in Melbourne in 1881, when Puerperal Fever caused more deaths than in any year either previous or subsequent to 1874. The coincidence here too, though striking, must therefore be looked on as accidental, and it must, I think, be concluded of all three diseases, *Measles, Scarlatina, and Diphtheria*, that the conditions favouring their spread are not of necessity favourable to the spread of Puerperal Fever; and further, that the viruses producing these diseases rarely, if ever, produce in lying-in women a fatal form at least of what is commonly known and described as Puerperal Fever.

The opinion, which is becoming more and more the established one, that Puerperal Fever is, in the main, simply Puerperal Pyæmia or Septicæmia, and is in close relation with the acute surgical diseases, Erysipelas, Pyæmia, and Septicæmia, gets support, in so far as concerns the first of these, from the Victorian figures. Of the others I can say nothing, as they do not appear in the returns of the Registrar General. As regards Erysipelas it appears that, in Victoria as a whole, there was an almost perfect parallelism in the rise and decline of the mortality from it and from Metria in the years 1871-77. If this was less perfect in 1878-80, at least there was no marked contradiction of their intimate relation even in these years. A like simultaneous rise and fall is also apparent, year by year, in the Melbourne figures, though there are more variations. Making allowance for the fact, well known, that Puerperal Fever may take its origin from different causes, as something conveyed from the post mortem room, or from a previous similar case, it could scarcely happen that, in every year, there should be an exact parallelism,

between its rise and decline and that of another disease (Erysipelas) which is merely one of its causes. Any evidence for or against the doctrine of the affinity, if not complete identity, of Erysipelas and Puerperal Fever is of consequence at the present time, when the nature of the latter is still so much matter of dispute. That the two are related in some way is the common opinion, especially among English and American writers, and that opinion has received very powerful support in the essay on *Erysipelas* by Dr. Stillé, in the first volume of the "International Encyclopædia of Surgery," lately published. On the other hand, any such affinity or interdependence of the two diseases has, quite recently, been either doubted, or positively denied by authorities of eminence, as Dr. Matthews Duncan (*Edinburgh Medical Journal*, March, 1876) and Professor Hugenberger of Moscow (*Archiv. für Gynäkologie*, xiii, 387). The latter bases his opposition on observations made in the Moscow lying-in hospital, in the years 1876-77, which showed that the appearance of cases of true Erysipelas was not regularly associated with, or followed by, any increase in the number of patients suffering from acute Puerperal processes; and that, when it appeared, it was as Erysipelas and nothing else.

In view, therefore, of this divergence of opinion on a point of such importance, the figures here presented have a very special value, and seem to me to scarcely admit of any other interpretation than one of these; either Puerperal Fever often owes its origin to contagion from a case of Erysipelas; or both of the diseases originate under the influence of the same local or general conditions. Of these the former appears to me to be the more probable; the concurrence of the two diseases in this colony being so much closer than is observed in the case of any other two contagious diseases, and too close to be the result of accident. This is in no way to assert that Puerperal Fever is, and always is, merely Erysipelas occurring in lying-in women. I do think, however, that the contagion from a case of Erysipelas, operating on a woman after delivery, may and often does produce symptoms, which are not recognised as Erysipelas, but are ascribed and rightly ascribed to Puerperal Fever, loose as that term may perhaps be.

It may be permitted to me to express the hope, that this slight contribution to the history of Puerperal Fever in Australia may help in some degree toward a settlement of the still vexed question of the nature and etiology of that disease; a question of eminent practical importance, since a knowledge of the cause of a disease is an essential preliminary to the adoption of scientific and efficient preventive measures.

ANIMAL VACCINATION.

By HARRY BENJAMIN, M.B., Hobart, Tasmania.

As I was, so far as I know, the first to practise calf vaccination in the Australias, it has occurred to me that perhaps my experience, so far as it has gone, might be interesting to those at least who at present have all sorts of fears about its severity, &c.

I have for years been making attempts to vaccinate calves, but in every instance failed, as I have since ascertained, owing to the lymph from England losing its proper potency before it arrived. It would produce a kind of crust on the calf, and lymph from these caused in a few instances a little vesicle on the arm, but so unreliable that it nearly always failed. But having seen very doubtful symptoms to say the least, from arm to arm vaccination, I was determined, if possible, to get the true cowpock, and as a *dernier ressort*, when the last smallpox scare arose, telegraphed to Bombay, where I saw they were using nothing but calf lymph. The Government Inspector of Vaccination very kindly sent me a few tubes, which arrived in about twenty-three days, and the lymph was put into calves within a few hours of its arrival, and to my delight in five days I obtained some magnificent pocks. From these I commenced vaccinating, and out of the first 400 only one or two failed to take, and these were people of all ages, two-thirds of whom were re-vaccinations. The vesicles produced were large, full of lymph, clear, and pearly in appearance, the resulting scar being much deeper and more permanent than after ordinary vaccination, as the piece of skin implicated appears as though cleanly punched out, the wound afterwards healing by granulation; hence often not completely healed for four or five weeks. The symptoms were certainly more severe than after arm to arm vaccination in the majority of cases, but in children under two years old there appeared but very little fever or other troubles. In primary vaccinations of older people, and this

includes people of all ages, a general malaise set in about the sixth to the eighth day, with a little chilliness, &c., as the arm developed, but seldom sufficiently severe to cause the patient to lie up. Around the vesicle in these a large blush came, much larger than is usual after arm to arm vaccination. This died down in about forty-eight hours, and the tenderness under the arm gradually disappeared. I vaccinated ten of my own household, from the baby of a year old to myself of thirty-six, and we had not the slightest bother or a sleepless night.

About Christmas, when the warm weather set in, the vesicles of my calves began to get a crust on them instead of the tough pearly membrane exhibited before, and from one calf the whole of those vaccinated failed to take. And as the summer advanced my troubles increased, until I gave up for the time being, foiled by the hot weather, and wrote to Bombay for more lymph, which they obtain from Dr. Warlomont, of Brussels. I had received consignments from Brussels, London, and Manningtree, but although producing scaly vesicles on the calf, yet no good for vaccination, as the lymph obtained from them very rarely took on the arm. Since our cool weather set in Bombay lymph has arrived, and my vesicles are as good as ever.

My method of vaccinating is very simple. I take young calves, generally under a month old; the inner sides of the thighs, flanks, and around the teats is shaved quite clean of hair, then either by puncture or scarifying about forty or fifty insertions of lymph are made. Four clear days intervene, and on the fifth the calf is taken to my rooms, where I have a stand erected which is just like an ordinary wood horse (on which wood is sawn) with a cushion fitted inside. The calf lying on its back has its legs strapped to each of the points or arms, and is thus effectually secured. To obtain the lymph I apply a pair of squeezing forceps, made like torsion forceps, with the ends turned round a little, so as to remain on after application, then as the clear lymph oozes out the patients file by and receive their dose. This is well scratched into the arm with the point of a bent lancet, which is well washed and dried after every patient. The calf will generally produce very good lymph on the sixth day, but after that it tends to get dried up, or sometimes assumes a purulent type, which should not be used. There is not so much objection to a pinkish or bloody tint, and the leading European calf vaccinators often send out their points decidedly bloody, and Dr. Wyld maintains there can be no objection to it as there is no fear of conveying diseases. The supply of lymph which can be obtained from a few calves is often very large, but as it should be used as quickly as possible after extraction one can make but little use of it. Still good lymph will take on the arm when a month old, if well preserved between glass plates or on points, but I prefer the plates.

Of its superiority in protecting from smallpox very few observers now doubt, as English writers have shown that to a demonstration. The strongest proof was offered by Dr. Martin, of America, who told the London Medical Society he had been vaccinating with calf lymph for many years, and offered £100 to anyone who would show him a case of smallpox after his vaccination. Also of its safety from conveying other diseases, such as syphilis or erysipelas it is unnecessary to write, as Dr. Warlomont has shown that syphilitic virus falls harmlessly off the animal when purposely inserted, and Dr. Wyld, after long and large experience, has never seen a case of erysipelas after animal vaccination. Altogether it is so simple, so safe, and so effectual that it ought very soon to entirely supersede arm to arm, and certainly no Government is justified in compelling vaccination unless they provide calf lymph. I see by papers just arrived that England has at last followed continental countries and India in providing animal lymph.

VACCINATION AND SMALLPOX.

As to the relative value of vaccination, we cite the following particulars, collected during the late epidemic of smallpox in Sydney. The total number of cases of smallpox which occurred in Sydney and suburbs was 140. Of the first 38 cases no record was kept. Of the remaining 102 patients, 51 had been successfully vaccinated, and of these only 7 succumbed to the disease; two patients had been unsuccessfully vaccinated (*i.e.*, the lymph did not take), both of whom died, and of the remaining 49 patients, who had never been vaccinated, 15 died from the smallpox.

TWO CASES OF PLACENTA PRÆVIA.

BY FREDERIC H. QUAIFF, M.D.,

Hon. Consulting Physician to the Sydney Hospital.

Read before the New South Wales Branch of the British Medical Association.

The cases I bring before you to-night present I am afraid no new features of interest, but are such as most men who have been in practice for a considerable time have been called upon to deal with, and my excuse for relating them to the society must be the gravity of the condition which nature has imposed upon the parturient; one perhaps, as anxious for the practitioner as any he can meet with, and one in which upon his decision as to the course to be adopted, and the promptness and care with which he carries out that decision depend the life of a fellow-creature and that of her offspring. I hope that, at any rate some of the points mentioned will be actively discussed, and that comparing notes of our experience will strengthen our feeling of the extreme importance of the subject, and nerve our energies in dealing with this dangerous complication.

I was called about eighteen months ago to see Mrs. C.—in consultation with Dr. Oakes—I learned from him that she was in labour, and that he thought she was the subject of placenta prævia; and that there had been considerable hæmorrhage, but not enough to be dangerous. The labour had been going on for several hours before his arrival. I do not remember any history of previous hæmorrhage. She was a multipara. On examination I found the os about the size of a florin, filled with clot, and above the clot a cavity bounded above by a thick membrane through which the child's head was easily felt; the cavity was bounded all round by a firm rough mass attached to the cervix, and inner lips of the os. I was a little puzzled at first by the cavity, but it turned out that Dr. Oakes had torn away the portion of the placenta prævia over the os. There was little or no bleeding at the time, and the pains were regular and pretty frequent; we decided to wait for further dilatations of the os, not leaving the house. In the course of an hour and a-half the os dilated to the size of a crown piece, and the placenta-like structure became more evident by its roughness. The inner membrane was much thicker than ordinary membranes. While I was making an examination there was a considerable gush of blood over my hand, and we agreed that I had better try to get my hand through the os and rupture the membrane and turn. In proceeding to do so I found I was pretty near the centre of the placental mass, and that the membrane was so tough that I could not break it. However, I managed to push it up and grasp a leg through it, and to pull it down; the membrane was ruptured after I had got the whole of the leg down into the vagina, and I had then no difficulty in completing the version and delivering the child; the placenta came away immediately afterwards; there was little or no hæmorrhage from the moment I got my arm up through the os, and the mother's condition afterwards was very good. She made a perfect recovery. On examining the placenta the wound in it was found about two inches from the insertion of the cord, so that its circumference was very thick.

The child was alive but exceedingly feeble; after a good deal of trouble and delay we got it to breathe; its circulation continued weak, and I believe it lived for five or six days.

About six months ago I was called one evening to Mrs. B—, also a multipara, on account of a flooding. I found that she had lost a good deal of blood just before my visit; that some three weeks previously there had been a similar loss, and that a medical man who saw her had told her that she might expect to have a recurrence of hæmorrhage. There were no pains, and I found the os just big enough to admit the finger; it was so high up that I could not be quite sure whether what I felt was clot or the firmer placental substance. I plugged the vagina firmly with white pocket handkerchiefs, which I often find very useful for such a purpose, and left for the night; I used Eucalyptus and Olive oil as an antiseptic, and I renewed the plug every day for I think five days, keeping the patient quiet in bed. There were several slight attacks of hæmorrhage, and I was able on more than one occasion when changing the plugs to

ascertain more definitely the nature of the case; it was complete implantation of the afterbirth. Labour came on early one morning, and I was duly summoned. Dr. Nott came and gave chloroform for me. There was considerable hæmorrhage, but not alarming. The os was about the size of a crown piece, and I proceeded to introduce the hand. The placenta was firmly attached all round, and I carefully broke down its substance and cleared enough away to get the hand in to it; when I came to its inner surface I found the head presenting, and I was able easily to rupture the membrane and get the hand into the womb; the child was floating freely in a large quantity of the Liq. Amnii, so that I easily got a leg, and turned; there was some difficulty in delivering the head, and the child was very livid and weak, but eventually it came round. The placenta came away immediately and was perforated about two inches from its outer edge, and was in consequence much thinner than in the former case; but it was so attached round the os that there was nothing to lead one to suppose that the edge was not far off, nor that its attachment was less in one direction than another. There was very little blood lost during the operation, and the mother recovered very well. The child continued livid in its extremities, especially the lower, for two or three days; but became strong, and I think is now quite well.

The chief point I think desirable to notice, is one in which I think we shall all be agreed, viz.: the necessity of as early interference as possible, as we save the patient from exhausting hæmorrhage; the arm forming an efficient plug, during the time it is thrust up high into the womb; after that the limb and body of the child serve the same purpose.

As to the method of operation I know opinions are divided. The plan I adopted in both cases was that adopted by Dr. Rigby, and the late Prof. Pagan of Glasgow. Prof. Playfair thinks that you are apt to detach the placenta in getting through instead of around it; but he does not give any experience in favour of his view; he also states that he thinks there would be difficulty in getting the child through the wound. I scarcely like to press views in opposition to so good an authority, but I have often noticed the ease with which the placental substance breaks down under the finger when separated from the membrane lining it; indeed most of us must often have extracted the organ in ordinary practice by getting a couple of fingers well into its substance, and grasping the membrane between them and the thumb so as to get a good grip; and I think that the facility with which the internal membranous surface may be gained by quickly breaking up the substance, not pushing through it, is a strong argument in favour of the practice. Further, if the membrane is not easily ruptured it would probably detach itself from the placental mass as you push the hand up to look for a limb, and not detach the mass from the uterus. It did so in my case, but I think in most cases the difficulty in rupturing would not be great. The same argument applies in bringing down the child, the wedge-shaped thigh and breach very soon make sufficient way through the wound, and press the placenta equally all round upon the dilated uterine wall, effectually plugging the open mouths of the vessels till all danger of flooding is over. In the two cases as above stated I had no difficulty in extracting the child so far as the placenta was concerned, and I was astonished to see how comparatively small a hole the head had come through. These remarks apply only to total implantation, and especially to those cases in which there is equally firm attachment all round. I think also that in most cases there would be less interference with the physiological integrity of the placenta, in going through it than in separating the considerable portion necessarily detached in passing the hand round it. I hope there will be some discussion on this point.

The course I should again follow, would then be:—

1st. To interfere as soon as the fingers gathered into a cone could be got through the os.

2nd. In cases of total implantation to break down the substance of the placenta, and go straight through it if the edges of the os were not free, and a partial loosening found for some distance.

3rd. In partial implantation or total, when a loose space could be found to go round the placenta, and rupture the membrane beyond it.

We have read with interest a small brochure, the record of 660 cases of midwifery attended to by Dr. T. S. Knaggs, of Newcastle, and read before the Dublin Obstetrical Society, on April 2nd, 1881. It says much for Dr. Knaggs' untiring energy, first in attending so large a number, and next in keeping a history of each case, an outline only, we imagine, but still of great interest to every practitioner.

ON THE ETIOLOGY AND TREATMENT OF SCARLATINA.

By WILLIAM MCCREA, M.B., M.R.C.S.E.,
Late Chief Medical Officer to the Victorian Government.

Scarlatina is a disease which, generally speaking, is very amenable to treatment in this colony, if taken in the early stage. There are, however, exceptions, in which from the day of the attack the disease assumes a most malignant type, and in which treatment has very little influence, the blood being apparently poisoned at once, and the vital powers completely prostrated. Such cases are, fortunately, rare. I have not had one under my own care, but have met with them in the practice of other medical men. They do not seem to be owing so much to insanitary conditions in the locality as to an unhealthy state of the individual attacked. It will be remembered by most medical men that some years ago Sir Eardly Wilmot lost his life from the effects of vaccination. It was proved on this occasion that the vaccine lymph was in no way to blame for the fatal result, other persons having been vaccinated from the same lymph without any untoward effect. Several similar cases have occurred in the country, where a small and unimportant wound has caused violent constitutional disturbance, ending in death, the defect in these cases being in the state of the blood of the individual.

Though Scarlatina, if seen at an early stage and treated judiciously, usually ends favorably, often assumes a very different aspect if neglected or not properly watched, and there is probably no disease which requires a greater amount of watchfulness and care than this. The vital powers, which in most cases and in ordinary health are capable of resisting any surrounding insanitary influences, are in cases of Scarlatina prostrated by disease, and any insanitary influences to which the patient may be exposed have a much greater power of inducing complications of other diseases. Hence diseases of other organs supervene, of these, diseases of the lungs are most common. But beyond the general liability to disease of other organs, the suppression of the functions of the skin in Scarlatina throws a much greater amount of work on the kidneys, and they are consequently more liable to suffer than any other organ in the disease. It has been truly said that the danger of life is much greater from the sequelæ of Scarlatina than from the actual fever itself, hence (it cannot be too often repeated) the necessity for an unusual amount of care and watchfulness in the treatment of this disease.

Bearing these suggestions in mind, the actual treatment of Scarlatina is usually very simple. The patient should be isolated. In all cases an emetic should be given, and after its operation a warm bath should be administered. The emetic usually acts on the bowels, but should it fail to do so within twenty-four hours a mild purgative should be given. The patient should be clothed with a light flannel garment, fastening round the throat and reaching below the feet. He should be kept in bed, with very light bed-clothing, the door and windows of the room to be kept entirely open. Generally no more medicine is required. The diet should be bread and milk, and plenty of cold water should be allowed for drink. A little lime juice may be added to the water, but usually cold water is the drink preferred by the patient, and there ought to be no limit to the quantity. This treatment should be continued till the temperature falls and the skin begins to exfoliate. As soon as the fever heat subsides the windows should be closed, and only such an amount of air should be admitted as will insure proper ventilation without any draught. The bedclothes should be increased to an extent which will make the patient comfortable. The diet should be increased by the addition of nutritive and easily-digested food, such as beef-tea, eggs, &c., but it must be remembered that in children, among whom the disease is most prevalent, nothing can do away with the necessity of a large amount of milk in the diet. If the subjects of the disease are strong and healthy they need not be kept in bed during the whole period of exfoliation of the skin, but they should not be allowed to leave the room till it is completed. The room should be fumigated every night with burning sulphur, and kept for a quarter of an hour as nearly filled as the patient can bear with the fumes. If this treatment is carefully carried out it will succeed in 95 per cent. of cases in getting the patients through an attack of Scarlatina, and it will reduce the danger of complications of other diseases to a minimum. Should the temperature, which ought to be carefully noted, reach above 103deg. F. the patient should be immersed in a cold bath for fifteen minutes once, twice, or even three times a day if necessary.

Complications of scarlatina are mostly shown in affections of the throat, lungs, and kidneys. In throat affections the spray of sulphurous acid is the most useful remedy, and where there is a

tendency to ulceration and sloughing the spray should be used freely every hour. Tonics should be given, of which iron is the best. In affections of the lungs the usual treatment for lung diseases should be adopted. There is, however, one remedy which should be at once resorted to, this is a linseed-meal poultice completely enveloping the chest, and removed twice a day. The value of this remedy cannot be too highly estimated.

Diseases of the kidneys are a frequent and dangerous complication in severe affections of Scarlatina. Any indication of such should be carefully looked for in daily examination of the urine. Should symptoms of Albuminaria show themselves the whole loins should be painted over with strong Iodine liniment daily to the verge of blistering, a flannel bandage should be kept applied from the pelvis to the ribs, and warm baths should be used frequently. Should the bowels not act, mild purgatives should be given, but external applications will effect more good than internal remedies in this complication of Scarlatina. In all these cases the diet should be of the most nutritious and easily-digested nature, and such food should be given very frequently, bearing in mind the great drain the diseases cause on the vital powers. In affections of the throat and lungs, stimulants to a large extent are usually necessary. In affections of the kidneys they may frequently be given with benefit, but they should be largely diluted, and the effect carefully watched. In the malignant cases before alluded to, the patient should, if possible, be removed to a site in which sanitary conditions are unexceptionable, for though the state of the patient's blood is usually the element in fault in these cases, a place in which the air is pure, is more likely to remedy this defect than anything else, and we know as a fact of general observation that a change of locality is frequently of decided benefit in many diseases, though we cannot tell exactly in what way it acts. There are two indications to be followed in these cases, one is to support the natural strength of the patient to the utmost, and the other is to endeavour to eliminate the disease by the means of external application. One of the most excellent and powerful remedies that can be used for this purpose is the wet pack in a wet sheet and blankets. One of the most malignant cases of Scarlatina I ever saw was, I have no doubt, saved by this process.

Scarlatina is probably one of the most contagious of contagious diseases, and the poison of it clings with great tenacity to rooms, clothing, and bedding. Great precautions should be taken, therefore, to disinfect all rooms and their contents; every textile fabric should (when it can be done without destruction) be immersed in boiling water for half an hour. Such as will not bear this moisture should be enclosed in paper and put into an oven hot enough to char the paper, and kept there for a quarter of an hour. The paper, walls, and woodwork of the room should be washed with three successive coats of spirits of turpentine or benzoline, and exposed as much as possible to air and sunshine.

GLEANINGS FROM THE JOURNALS.

TREATMENT OF ACUTE ARTICULAR RHEUMATISM.—Dr. Carpani recognises four different methods of treating this affection and gives special indications for their employment. 1.—*Salicylate of Soda* is the most suitable remedy in cases of acute fibrile polyarthritis, with specially severe articular symptoms; but it is contraindicated by concomitant cardiac affection, and nervous gastro-intestinal, or renal disorders. 2.—*The Bi-Sulphate of Quinine* is indicated when the rheumatism is one of the results of malarial infection, or where those conditions are associated. 3.—*Benzoic Acid* is of special value where acute fibrile articular rheumatism is complicated by nephritis. 4.—*Blisters* are the most reliable means of treatment when the rheumatism involves but a few joints or only one.—*Bull Gén de Thérap.*

A NEW MYDRIATIC.—Dr. Emmert of Berne (Swiss Correspondenz Blatt), has made a series of experiments on the pupil dilating powers of Hydrodate of Hyoscin, a crystalline salt obtained by treating Hyoscin with Hydriodic Acid. Hyoscin is an alkaloid obtained from Amorphous Hyoscyamin. The results showed that the new salts acted more energetically and more rapidly than either Sulphate of Atropia or Duboisia. The solution need not be stronger than 1:1000, and even then is more active than the half per cent. Atropia solution, it is also less poisonous than the latter. Even at its present price, which will naturally be reduced if the drug becomes better known, it is a cheaper as well as a stronger mydriatic than atropia.—"Practitioner," May, 1882.

ACUTE GLAUCOMA FROM DUBOISIA.—That Atropia instilled into an eye may incite an attack of acute inflammatory glaucoma is generally accepted as an established clinical fact. An inference which may properly be drawn from this is that all the mydriatics can produce it. A practical illustration of this as regards duboisia is presented in the history of a case, the first on record, reported by Dr. A. G. Heyl (American Journal of the Medical Sciences, April, 1882) where following the instillation of duboisia, acute inflammatory glaucoma was speedily developed in an eye in which a simple glaucoma already existed.

ESERINE SULPHATE IN TETANUS.—Dr. T. Layton, in the New Orleans Medical Journal, March, 1882, describes a case of traumatic tetanus in a boy of eleven which was treated by one-sixtieth grain doses of Eserine Sulphate every hour. The patient recovered; the last traces of the disease disappearing twenty-eight days after the beginning of the attack. The child took in toto three grains of Eserine.

CRITICAL EXAMINATION OF SOME WHOOPING-COUGH REMEDIES.—Prof. Otto Heubner (*Deutsche Med. Wochenschr.*, 1881, p. 541; from *Jour. f. Kinderkr.*) has made an investigation of the five most highly recommended remedies in whooping-cough,—namely, Bromide of Potassium, Quinine, Hydrate of Chloral, Salicylic Acid, and Belladonna,—with a view to ascertaining their exact therapeutic value. Heubner prefaces his paper with the remark that it is much more timely to make a thorough examination of the effect and value of such remedies as we now possess than to go hunting after new specifics. He selected whooping-cough because it is easy to diagnosticate with certainty. In addition to this, the cases to be studied were taken from patients in the same neighborhood and social position, from uncomplicated cases, and from all the cases as they presented themselves at his clinic. The remedies used, except Belladonna, were such as are apt to be obtained of uniform character, thus eliminating one element of uncertainty. The action of the remedies was studied in three directions,—(a) in relation to the intensity of the individual attacks, (b) in relation to the frequency of the attacks within a given period of time, and (c) in relation to the entire duration of the disease. Six weeks was taken as the average duration of the disease; and if the medicine failed to shorten this the result was counted negative, while if the duration of the disease was shortened it was counted positive. Forty-four uncomplicated cases of whooping-cough were studied.

The drugs were given as follows: Bromide of Potassium in doses of 0.5 to 3.0 grammes in watery solution per diem. Quinine was given in solution or in powder in the dose of 0.3 grammes per diem. Chloral Hydrate was given in two cases in broken doses, in the other cases in enema, in the dose of 0.3 to 1 gramme per diem. Salicylic Acid was given in one case in the form of Salicylate of Sodium, inwardly; in the other cases it was inhaled as spray in a one-third to one-half per cent solution, 0.1 to 0.15 gramme of Salicylic Acid being inhaled at each sitting. Belladonna was usually given as the powdered extract in doses of 0.015 to 0.06 gramme per diem.

The results of Heubner's investigations are given in the following table

	INFLUENCE ON THE ATTACKS.			INFLUENCE IN SHORTENING THE DISEASE.	
	Positive.	Negative.		Positive.	Negative.
Salicyl. inhal.	10	7	Belladonna	3	3
Chloral	6	4	Quinine	3	3
Belladonna	4	4	Chloral	3	3
Quinine	5	6	Salicylic	3	15
Bromid. potas.	9	14	Bromid. potas.	0	23

From the above table of cases it appears that Salicylic Acid is about eight times as likely to be useful in diminishing the frequency and severity of the attacks as is Bromide of Potassium. Salicylic Acid inhalations are therefore the best means of shortening and diminishing the attacks, while Belladonna and Quinine have the best effect in abbreviating the duration of the disease. It must be remembered, however that the best of these remedies fail to diminish the number of attacks by one-half, and any new remedy which may be brought forward should be carefully put to the proof by these methods.

MEDICO-LEGAL.

ACTION AGAINST A MEDICAL MAN FOR ALLEGED MAL-TREATMENT.

IRVING ET UXOR v. DR. A. S. OGG.

In this action which commenced at the Supreme Court in Sydney before a jury of four, on Monday, June 12th, and was not brought to a conclusion till Thursday, June 15th, the plaintiffs were James Irving, publican and contractor, of Gundagai, N.S.W., and his wife, and they sued Dr. Alexander Stark Ogg, of the same place, for £3,000 damages for loss and injury sustained by them in consequence of the defendant's alleged unskillful medical treatment of Mrs. Irving in child-bed. It appeared that Mrs. Irving when in health takes charge of her husband's public house, while Mr. Irving attends to his business as a contractor. After her confinement, Mrs. Irving was seriously ill for many weeks, and her husband suffered great loss in his two occupations, besides being put to the expense of providing nurses to wait upon his wife. The defendant pleaded not guilty.

Henry Morton Marshall, M.D., Coll. of Med. and Surg., Cincinnati, U.S.A., a rival practitioner at Gundagai, the only medical man who gave testimony in the plaintiffs' favor, deposed—On 15th September, 1881, I was called in to see Mrs. Irving. I found her temperature normal; pulse small and compressible; tongue broad, dry, and flabby; face oedematous; respiration difficult and laboured; cough dry, frequent, troublesome; incontinence of urine; coughing caused urine to trickle away; intellect and memory defective; nearly total paralysis of lower extremities, with loss of sensation; no power of moving her legs without assistance; partial paralysis of upper extremities; could not use her arms for any purpose; speech at times unintelligible, owing to partial paralysis; legs both were dropsical, pitted upon pressure; lower part of legs and feet were red, with an inflamed appearance; a free exudation of serum and watery discharge from the ankles; no appetite; thirst considerable; highly anæmic; the stethoscope disclosed an irregular cardiac murmur, showing weakness, also a *râle crepitant* at base and inferior portion, with dullness of sound upon percussion of right lung, showing effusion of serum within pleura; with difficulty could she rest in a recumbent position, owing to the pleuritic effusion; she was suffering from rigors and intermittent fever attacks, generally coming on in the evening. I made a microscopical examination of the blood, and found the white corpuscles largely in excess, apparently equal to one-third of the red corpuscles; also obtained some well defined microscopical crystals of uric acid from the serum that exuded from the legs. I diagnosed the case as one of uræmia, and treated it accordingly. I examined the child, a girl. It was smaller than the average; was well formed; had two distinct forcip marks, one upon the frontal bone anterior to fontanelle, leaving a deep red impression upon the skull, the other on the occiput, leaving a large open sore, which eventually yielded to treatment.

Dr. Marshall, in cross-examination, admitted that there was professional rivalry between himself and Dr. Ogg. He resolutely declined to answer certain questions as to the genuineness of his diploma, on the ground that the Medical Board of New South Wales were at present making inquiry into the matter.

The defendant, Alexander Stark Ogg, L.R.C.P. Edin., M.B. Univ. Toronto et M.C.P.S. Ontario, Canada, was next examined, and deposed—On August 12th, 1881, Irving requested me to attend his wife, who was then in labor. I saw her about 2 p.m., made an examination, and found it would be some time before she would be delivered. I again saw her between seven and eight as near as I can recollect, remained with her until she was delivered. The labor was a very tedious one. After nine o'clock labor made very little progress, the head becoming firmly impacted in the pelvis. About one o'clock the pains were weak, and the patient was becoming exhausted. I then applied the forceps, and delivered the woman. After the birth of the child I had to use artificial respiration for about fifteen or twenty minutes before I could succeed in getting the child to breathe. I saw that the patient was attended to, and made her comfortable, and remained in the house for over an hour after her delivery. August 13th—I again visited her about six or seven hours after her confinement, and found her as well as could be expected after a protracted labor, and put the usual questions, and one of which is—Have you passed your urine? which was answered in the affirmative by the nurse. She complained of after-pains &

good deal, and gave her a morphia powder to relieve them. August 14th—Visited patient morning and evening; found her in a weak state, but able to take some nourishment; put the usual questions to her at each visit, which were answered to my satisfaction. August 15th—Visited patient twice; was not so well this morning; pulse about 100. Gave her a powder in the evening to operate upon her bowels; again put the usual questions, and in answer to one of them the nurse said she did not pass her urine freely. I ordered hot fomentations to be applied to the lower portion of the abdomen; passed my hand over the abdomen at each visit, and found the uterus nicely contracted, but no other enlargement. She complained of no pains whatever. August 16th—Paid two visits. Pulse about 120; temperature 102deg.; tongue furred; cold, clammy sweats. Nurse informed me that she had rigors during the night. I asked her if she had passed her urine, and she showed me the chamber with about two ounces of urine in it. I then passed a catheter, and drew off between two and three pints of highly-colored urine. The lochial discharge was scanty, and had a disagreeable odor. I then diagnosed the case as one of puerperal fever, and I treated her accordingly. Washed out the uterus twice a day with a solution of Condys fluid. I also gave her large doses of quinine. August 17th—Paid three visits. Patient gradually getting worse; temperature 105; pulse 140; had several rigors during the night. Washed the uterus out twice, and gave her Aconite and Veratrum iride alternately. August 18th—Paid three visits. Patient worse; temperature 106deg. and in the evening 107deg.; pulse about 140; had rigors during the day; told husband I did not think she could live. I still continued to wash out the uterus twice daily, and gave her large doses of Tincture of Iron, and applied cold cloths, which assisted in reducing the temperature. She continued to have the rigors occasionally. On the 19th she was a little better, and continued to improve so well that she was able to sit up in bed about the fourteenth or fifteenth day. During her illness I allowed her half an ounce of brandy every four hours, and gave her milk, beef-tea, soups, &c. I continued my visits until the 20th daily, with few exceptions. About this time she had been out driving. September 2nd—Irving sent for me to see Mrs. Irving. She complained of having had rigors and suffering from severe pain in the hip and groin. Made an examination and found the leg hard and tense, of a shining appearance, and did not pit on pressure. I diagnosed the case to be one of Phlegmaria Dolens. I ordered hot fomentations to be applied to the limb, and gave her an iron mixture to take internally. I advised her to remain as quiet as possible, and give it all the rest she could. I told her it would be some time before she would regain the full use of her leg. About the 7th or 8th September, both of which days I visited her, she wished to be taken down to her sister's. I consented to her removal, and visited her daily to the 14th September. Her leg was still swollen when I saw her last, but was becoming soft, and would pit on pressure. All through I advised her to give it as much rest as possible, and used poultices and fomentations. Internally I gave her an iron and quinine mixture. During the last week of my attendance upon her she was very impatient at the progress she was making. On the 15th of September, the last day I saw her, she told me that she was going to St. Vincent's Hospital, Sydney. I then said—"I am pleased you are going. You will get the advice of a great many good men there, and you will find they will tell you the same that I have so often told you, viz., that it will be some time before you will have the full use of your leg, and to facilitate your recovery you must give it entire rest, with the use of tonics, good diet," and that time was the great restorative in her case.

W. Edward Warren, M.D. et M.Ch., Queen's Univ. Irel., of Sydney, was next examined for the defence, and stated—From the evidence just given by Dr. Ogg it is my opinion that it was a bad case of Puerperal fever, followed by Phlegmaria Dolens; the high temperature of the patient showed it to be such. Very few cases recover when the temperature is 107deg., as was the case with this woman. I consider Dr. Ogg treated this case skilfully and with great ability. (To the Judge)—Having heard the evidence of Dr. Marshall, I consider he displayed some ignorance in diagnosing the case to be one of Uræmia. Knowing that she had passed through a severe illness, and from the symptoms she had, and also from what the patient told him, he should never have made the mistake he did. (To defendant's counsel)—I heard Dr. Marshall say the urine dropped down into her legs. This is simply absurd. If the bladder was full it most likely would dribble away, or the bladder might burst, which is not at all probable.

Frederick Milford, M.D. Heidelb., L.R.C.P. Lond. et M.R.C.S.E., was also called for the defence, and said—Have heard the evidence of Dr. Ogg and the plaintiff. Would say that it was a bad case of Puerperal fever followed by Phlegmaria Dolens. It was such a case that had it happened in the city there would have been a consultation over it. My opinion is Dr. Ogg treated the case skilfully and with great ability, and deserves credit for the manner in which he conducted this case to a successful issue. I have heard the evidence of Dr. Marshall. It is impossible for the urine to drop down into the patient's leg as described by him. The urine would run away and produce incontinence. I have known a patient who always had his bladder full, and it never produced uræmic poisoning. In answer to the question whether Dr. Marshall displayed some ignorance in making the diagnosis he did, Dr. Milford said he should not have made the mistake he did, knowing she had passed through a severe illness, and from the symptoms described by herself, as the symptoms of Phlegmaria Dolens are peculiar to itself.

George Fortescue, M.B. Lond., M.R.C.S.E., on behalf of the defendant, was then examined, and said—Have heard the evidence in this case, and consider it to have been a bad case of Puerperal Fever, followed by Phlegmaria Dolens. The symptoms of the latter disease are peculiar to itself, and could not possibly be mistaken for any other. From the evidence of the patient herself I would say it was a case of Phlegmaria Dolens. I heard Dr. Marshall, of Gundagai, say the urine dropped down into her legs, and that was the cause of her illness. I think this a far-fetched idea—it is simply absurd. It is impossible to produce Puerperal fever by retention of urine. It is produced by the absorption of septic matter into the system. I think Dr. Ogg treated the case skilfully, and deserves credit for the manner in which he treated his patient, as the result shows. Dr. Marshall should not have diagnosed the case one of Uræmia poisoning. From the symptoms described by herself, and the state he found the patient in, he should never have made the diagnosis he did.

His Honor Mr. Justice Faucett, in summing up, said that if the allegations against the defendant were true, that gentleman had been guilty of gross neglect, carelessness, and ignorance. As a matter of fact, a medical man was not bound to hold the highest degree. In every profession some men were more skilful than others. The highest authorities had laid it down that one medical man was not answerable because another medical man had shown a greater degree of skill and knowledge, but every medical man had to show that he possessed a competent degree of skill and knowledge. The question which the jury had to decide was whether the defendant used a fairly reasonable and competent amount of skill in the exercise of his duties while attending Mrs. Irving. His Honor was at a loss to understand why Dr. Marshall had refused to answer the questions asked of him as to his certificates while under cross-examination. The other medical witnesses had sworn that the treatment adopted by the defendant had, from beginning to end, been one which a skilful medical man would have pursued under the circumstances. They all said that the case was a hard and difficult one, and that Dr. Marshall had erred in treating Mrs. Irving for blood-poisoning. The result of the trial was of the deepest importance to the defendant, and the jury would have to decide whether or not the defendant had sworn falsely, because his professional position was at stake.

The jury retired to consider their verdict, and were absent for about an hour and a half. Upon their return they intimated that, although they were not unanimous, they had by a majority agreed upon a verdict. The counsel for both sides expressed their willingness to accept the verdict, whereupon the jury announced that they found for the defendant.

His Honor remarked that, in his opinion, the Medical Board of New South Wales should make inquiry respecting the qualifications of Dr. Marshall, who was entitled to have his proper position in the medical profession established.

Dr. Ogg brought a cross action against Mr. and Mrs. Irving, for slander, in their stating that Mrs. Irving had been unskilfully and negligently treated by the plaintiff. This action was settled out of court by the plaintiffs withdrawing their expressions, and by payment of the nominal damages of £2, together with all expenses.

The Australasian Medical Gazette.

SYDNEY, JULY 15, 1882.

WE have been favoured by the Dean of the Faculty of Medicine of the University of Sydney, Dr. RENNICK, with the proposed amended curriculum for the Medical Students, and regulations for the new Medical School. From it we learn that the academic year shall comprise two sessions, the one including Lent and Trinity Terms, the other Michaelmas Term. A long course of lectures shall consist of 100, delivered during the long session, and a short course of 50, delivered during the short session. Dissections may be conducted during the months from May to October inclusive. Every Undergraduate in Medicine must pass the Matriculation Examination, and during his first year pursue the course of studies provided for Undergraduates in Arts, and pass satisfactorily the examinations in the subjects of lectures before proceeding any further.

During the second year, in the Lent and Trinity terms, he must attend a course of General and Descriptive Anatomy, Regional and Surgical Anatomy, and Chemistry. The two first subjects will be principal studies during the third year's long session, and during the fourth year's short session a course of lectures on Regional Anatomy together with Dissections during the second and third years completes this branch of instruction.

In the first long session Chemistry will also be studied, and *Materia Medica* and Therapeutics. In the second, Physiology, Surgery and Practical Physiology. In the third, Physiology, Medicine, Surgery, and Midwifery, and in the fourth Midwifery, Practice of Medicine, Pathology, and Pathological Anatomy, Forensic Medicine, Clinical Medicine, and Operative Surgery.

During the first short session, or Michaelmas Term, of the second year, the Students will be expected to attend a course of lectures on Zoology, Demonstrations in Comparative Anatomy, Botany, and Practical Surgery. In the third year's short session, the subjects will be Comparative Anatomy, Botany, and Practical Chemistry. In the fourth year's short session Clinical Surgery and Regional Anatomy will be the subjects of study, and in the fifth year Clinical Lectures on the Diseases of Children will be attended, and instruction in Practical Midwifery received. In addition to this, two years' attendance on the Surgical Practice of a Hospital, two years on the Medical Practice, and one year on General Hospital Practice, will be required; also, attendance on the Surgical and Medical out-door practice of an Hospital, Clinical Ophthalmic instruction, and attendance on a Hospital for the Insane during three months, with a course of twelve Clinical Lectures on Psychological Medicine. The first professional examination shall take place at the end of the first year, and the final examination for the degree of M.B. or C.B. shall be conducted at the end of the fifth year.

The degree of M.D., shall not be conferred until after the expiration of two academic years from the granting of the M.B. degree and subsequent examination. The degree of Master of Surgery also shall not be conferred until two years after that of Bachelor of Surgery. The fees for each degree shall be ten pounds.

The curriculum of Medical Students of the New Zealand University required for the degrees of Bachelor of Medicine and Doctor of Medicine—no degrees being given in Surgery—extends, for the former degree during at least 42 months before the candidate goes up for examination. On commencing his studies at the University it is necessary that the student pass a preliminary examination similar to, but rather more difficult than that of the Matriculation Examination, with the addition of Elementary Mechanics and Biology and one of the following subjects, Greek, French, German, Italian, Mental Science or Mathematics. He must keep terms for at least two years at a medical school in New Zealand, recognised by the Senate of the University. At the end of the second year the candidate for the

degree of M.B. will undergo his first professional examination which shall include Chemistry, Practical Chemistry and Anatomy, he must bring certificates of having attended a course of not less than one hundred lectures on Chemistry, of having attended a three months' course of instruction in Practical Chemistry and of having attended a course of not less than one hundred lectures on Human Anatomy, and of having dissected the human body during two periods of six months each. The second professional examination shall be held at the end of the candidate's third year's terms, and shall include Physiology, Pathology, and *Materia Medica*. Candidates must bring certificates of having attended a course of not less than sixty lectures on Physiology, sixty on Pathology, and sixty on *Materia Medica*; of having practically dispensed for three months and of having attended the *post mortem* examinations of a hospital containing not less than one hundred beds for two periods of six months each. The third professional examination shall be held at the end of the fourth year's terms, and shall include Surgery and Surgical Anatomy, Clinical Surgery, Medicine including Therapeutics and Insanity, Clinical Medicine, Midwifery, and Diseases of Women, Medical Jurisprudence and Public Health. Candidates must forward to the Registrar, at least fifteen days before date of examination, the following certificates: Of having attended a course of not less than one hundred lectures on Surgery, one hundred on Medicine, one hundred on Medical Jurisprudence and Public Health, sixty on Midwifery and Diseases of Women, and for having attended the Surgical and Medical practice of a Hospital containing not less than a hundred beds, during three years; of having attended six Midwifery cases, been instructed in Vaccination, and in the Phases of Insanity. Candidates for the degree of Doctor of Medicine must have obtained that of Bachelor of Medicine at least two years before, shall send in a thesis for approval, and shall be examined on any one of the following group of subjects: 1. Anatomy and Physiology. 2. Surgery and Anatomy. 3. Medicine and Pathology. 4. Public Health and Medical Jurisprudence.

From this it will be seen that the medical curricula required by both Universities are of a very high standard, equal to that of most of the Universities of the countries of Europe esteemed for their teachings of medical literature. There is one branch, however, conspicuous by its absence, a knowledge of which is, perhaps, as much required as any other portion of medicine, we allude to the prognosis and treatment of children's diseases. We think a short course of say twenty five or thirty lectures should be attended by the student, and six months' attendance on a hospital for diseases of children, be required. Should the teaching be carried out in the same spirit as the classes are arranged, we think that our two Australian Universities may soon be as successful, both with regard to teaching and to numbers of students as the older medical school in Victoria.

THE MONTH.

NEW SOUTH WALES.

WE are assured that the announcement in the morning papers of the 19th instant to the effect that Dr. Mackellar had been appointed Medical Adviser to the Government as well as Emigration Agent has been read with the greatest satisfaction by the profession. Dr. Mackellar has occupied the positions of both Honorary Surgeon and Physician to the Sydney Infirmary, now Sydney Hospital. He has always taken a leading position in the movements of the profession; last year was Chairman of the Medical Section of the Royal Society, and since the formation of the New South Wales Branch of the British Medical Association, has had a seat in its Council. In all his intercourse with his professional brethren he has acted in such a way as to secure their esteem and respect. We congratulate the Government on its happy choice. Dr. Alleyne, we understand, retires on a pension.

We see by the 24th annual report of the St. Vincent's Hospital, Sydney, that five hundred cases have been treated as inpatients in the institution, and that twenty-nine have died. The report states that this is the largest number ever under treatment in one year. Two thousand outpatients have also received medical advice and medicine. We notice that the residence of the Sisters of Charity has been completed, and that in consequence, there are now one hundred beds in the Hospital.

IN a supplement to the "Government Gazette," published on June 16th, are the Sydney Hospital By-Laws signed by A. Renwick, President. They are very voluminous, and consist of one hundred and twenty sections.

DR. THOMAS DIXON, at the last monthly meeting of the Linnean Society of New South Wales, exhibited under the microscope preparations made by himself of the Bacillus, described by Ebert as peculiar to typhoid fever. Other preparations were exhibited showing the occurrence of germs very much like typhoid germs in a cesspit, but the absence of any such in diarrhoea.

At the end of 1881, there were 2,218 registered insane persons in New South Wales, distributed as follows:—Gladesville, 808; Parramatta (free) 758; do. (convict) 21; do. (criminal) 56; Callan Park, 140; Newcastle, 235; Cooma, 62; Cook's River, 138. This number is 119 in excess of the lunatics registered the previous year, and this increase is larger than that of any previous year, and also 36 in excess of the average annual increase for the decennial period ending December 31st last. It is satisfactory to know, however, that this does not appear to be due to any largely increased production of insanity, but is probably attributable to the yearly increasing population. The proportion of insane persons to the population was, at the close of the year, 1 in 352, or 2/84 per 1000—a proportion almost identical with that in England and Wales at the close of 1880. During the year 1881 the total number of patients treated at all the hospitals was 2,484, and of these 206 were cured of their mental affliction, 30 were relieved, 53 were transferred, 110 died, and 5 escaped and were not recaptured. The per-centage of deaths for the year—viz., 5/46—is the lowest since 1865.

A RESIDENT of Sydney expired suddenly on June 26th, after having partaken of some fried fish, which led to the belief that he had been killed by having swallowed some animal poison. The post-mortem examination was made by Dr. Shewen, assisted by Dr. Milford. At the Coroner's Inquest, the Government analyst deposed that he had received a glass jar, containing a human stomach, and also a glass bottle containing a dark fluid; he had examined both for the presence of poison, but had failed to obtain any evidence of any kind of poison whatever; animal poisons were not detectable. The fishmonger from whom the fish had been purchased deposed that the fish which the deceased had eaten were fresh and in good condition; he had no stale fish from the previous day in his shop. Dr. Alfred Shewen stated that the whole question of fish-poisoning was, according to the authorities, enveloped in obscurity, but from the history of the case and the post-mortem appearance, he was of opinion that death had resulted from some animal poison of a narcoticoacid nature. A verdict was returned that the deceased came by his death through partaking of food containing poison of a narcoticoacid nature; to which the following rider was appended, "The jury was unanimously of opinion that the fish shops and restaurants were not, but should be, properly inspected by the authorities responsible for such work."

At the last meeting of the Council of the Pharmaceutical Society of N. S. Wales, Mr. Frank Senior, J.P., was, by an unanimous vote, elected president for the ensuing year.

DR. HENRY PELHAM GORDON was found dead at his residence, Macquarie-street, Windsor, on Sunday, June 11th. At the Coroner's Inquest, Dr. Fiaschi who, in conjunction with Dr. Jockel of Richmond, had made a post-mortem examination of the body, expressed the belief that the deceased died from the effects of Chloral Hydrate. Dr. Gordon was the eldest son of Major-General Gordon of Natal, South Africa, whence he arrived in Victoria in 1879, and shortly after he commenced practice in Peshurst in the western district; he then removed to Ross, on the west coast of New Zealand, and finally settled at Windsor about six months ago. The deceased gentleman was a Member of the Royal College of Surgeons of England, and only 38 years of age at the time of his death.

A HOSPITAL is about to be erected at Cobar, an important copper-mining township, 550 miles west of Sydney, at a cost of £2,000.

At the late Medical Graduation term of the Aberdeen University, the degree of M.D. was conferred on Dr. John Harris of Newcastle.

NEW ZEALAND.

AT the annual meeting of the New Zealand Medical Association, held in the Dunedin Hospital on Wednesday evening, June 28th, the following gentlemen were elected office-bearers for the ensuing year—President, Dr. Maunsell; Vice-Presidents, Drs. Copland and De Zouche; Secretary, Dr. Stenhouse; Treasurer, Dr. Batchelor; Librarian Dr. Brown; Committee, Dr. Gillies, Dr. McCaw, and Professor Scott, M.D. Thereafter the retiring President, Dr. De Zouche, read an able and important address, in which he reviewed various questions of great interest to the profession and the public. On the motion of Dr. Brown, seconded by Dr. Copland, he was accorded a hearty vote of thanks, and the meeting terminated.

THE Coroner's Act Amendment Bill, now before the House of Representatives, provides that inquests on dead bodies shall in no case be held within the hospital buildings, except with the sanction of the house surgeon, or the medical superintendent.

WE understand that Dr. W. E. Hacon, Physician Superintendent of Sunnyside Hospital for the Insane, has stopped the propagation of calf lymph for the winter. We are also informed that the Public Vaccinator for Christchurch has obtained most successful results from Vaccinations direct from the calf.

DR. W. E. HACON, the Physician Superintendent of the Sunnyside Hospital for the Insane, Christchurch, desires us to acknowledge publicly the assistance he has derived through the kindness of Dr. F. N. Manning, the Inspector-General of the Insane for New South Wales, and Dr. E. Paley, Medical Superintendent of the Yarra Bend Asylum, Melbourne, in the framing of the rules and regulations for his Asylum. Dr. Hacon has favoured us with a set of these regulations, which we have perused with the greatest interest. They are carefully compiled, pervaded with a feeling of sympathy for his unfortunate patients, and not only speak volumes for his efforts to improve the New Zealand Asylums, but they also show that the Doctor is the right man in the right place.

DR. H. W. MAUNSELL, the City Health Officer, Dunedin, has written to the City Council strongly urging the necessity of a Fever Hospital, also drawing attention to the grave consequences of longer allowing the sewerage to run into the bay, as at present.

SOME members of the profession in Auckland contemplate to connect their consulting rooms by telephone with the premises of Mr. G. Aickin, a chemist in that city.

THE Thames Scottish Battalion Rifle Volunteers having been disbanded, Dr. Patrick Callan, their late Surgeon, ceases to be an officer in the New Zealand Volunteer Force.

NORFOLK ISLAND.

DR. P. H. METCALFE, the Resident Medical Officer of this little island, which is situated nearly midway between New Zealand and New Caledonia, is about to establish a Free Reading Room, which will supply a long felt want, and promises to be a great boon to the rising generation, the progeny of those historic "mutineers of the Bounty," the settlers of Pitcairn Island. As the funds at his disposal are limited, Dr. Metcalfe would be glad to receive donations in the shape of old books and newspapers in furtherance of this deserving undertaking.

QUEENSLAND.

A MEETING of the Medical Society of Queensland was held in Temple Buildings, Queen Street, Brisbane, on Wednesday evening, July 5th. There was a very good attendance of members of the profession in Brisbane and Ipswich. The chair was occupied by Dr. Rendle. A considerable number of names were placed on the roll of members, and it was decided to hold regular monthly meetings for the discussion of professional matters from this time forward.

THE Committee of the Brisbane Hospital have been requested to furnish the Board of Health with the names of the patients under treatment, and also of those in future admitted, together with the names of the places from whence they were admitted, or where the disease was supposed or known to be contracted, in order that the Board might discover whether it was traceable to any local or preventable cause."

THE Districts of Mackay and Maryborough, within certain boundaries, have been proclaimed as districts, in which hospitals for Pacific islanders and labourers shall be established.

A CONCERT was given by amateurs last month at Mackay in aid of the local hospital; the affair was a decided success, and over £100 was the handsome result. Dr. W. S. O'Byrne, who is foremost in all good works, was the conductor.

THE ODDFELLOWS at Toowoomba have presented Dr. T. W. Garde, their late Medical Officer, who recently removed to Rockhampton, with a very neatly engrossed address, conveying to the doctor their most heartfelt thanks for his kindness and assiduity during the whole term of his connection with their lodges.

A FIRE broke out at Ipswich on July 1st, destroying a number of buildings, amongst them a chemist's shop belonging to Dr. Von Lossberg, where the fire originated, supposed to have been caused by a dog, which had been accidentally shut in, breaking a bottle of gaseous and inflammable chemicals, and an assistant going into the room with a lighted candle, an explosion occurred followed by the flames. Mr. Lossberg lost all his stock, but he was insured for £500.

DR. J. THOMPSON, late Medical Officer to the Brisbane Hospital, was presented with an illuminated address and gold chain by the committee of management, on Wednesday, June 7th.

MISS COSTELLO, holding a diploma for Midwifery from the British Lying-in Hospital, and the Obstetrical Society in London, has established herself as a "Ladies' Doctor" at Dalby.

DR. S. FLOOD, J.P., and a few of his fellow-magistrates at Toowoomba, have caused the following minute to be entered in the deposition-book of the local police-court, at the same time instructing the C.P.S. to forward a copy of it to the Colonial Secretary—"We are of opinion that no lunatic should be admitted to the reception-house without having been separately and independently examined by two legally qualified practitioners, when practicable."

THE annual ball in aid of the Brisbane Hospital was held in the Albert Hall on June 30th, and passed off very successfully. The refreshments had for the most part been gratuitously supplied, and as the nurses connected with the institution took the place of attendants, the expenses of the ball were but small, and a substantial amount should be obtained from the affair towards the funds of the institution. The members of the committee did all they could to make the ball a success, and deserve every credit for the energetic way in which they worked.

SOUTH AUSTRALIA.

IN the House of Assembly, the Chief Secretary, the Hon. J. C. Bray, introduced on Tuesday, June 14th, "A Bill to amend the Laws relating to Vaccination." The object of this measure is to ensure the carrying out of compulsory vaccination. Under the present law great difficulties arise from the fact that it is impossible to ascertain correctly what children have already been vaccinated.

At a meeting of the Board of Management of the Adelaide Hospital, held on Friday, June 9th, it was resolved that it is desirable to separate the medical from the surgical work of the institution; and at the meeting held on June 16th, a motion—"That three Resident Medical Officers be appointed instead of two" was negatived after a lengthy discussion. At the same meeting it was resolved "That the Honorary Medical Officers be requested to prepare rules and regulations for the Resident Medical staff."

DR. FREDERICK FORWOOD, who died at Queenstown on June 16th, at the ripe age of 74 years, was one of the oldest practitioners in the colony. He had been for a generation past in practice in Port Adelaide, to the health and prosperity of which he till recently devoted his best energies. It is but quite lately, that he gave up his practice at the Port, and retired to Queenstown, where he died.

DR. A. PENTLAND, late of Kapunda, has removed to Port Lincoln; his name has been added to the Commission of the Peace, and he has also been appointed a member of the Licensing Bench for the district.

DR. J. S. WILSON, Junior House Surgeon to the Adelaide Hospital for the last seven years, has resigned.

DR. O. WELD, late of Mount Barker, is now practising at Echunga, a favourite place of resort, twenty-one miles south-east of Adelaide.

DR. NIESCHE, lately arrived from Germany, has commenced practice at Carrington-street, Adelaide.

DR. H. E. COMYN, late of Georgetown, has removed to Gladstone.

TASMANIA.

THE Board of Management of the Hobart General Hospital have decided that students attending the hospital should pay the following fees:—For Hospital Practice and Practical Anatomy, 10 guineas for one year, and 17 guineas for two or more years; Practical Pharmacy, which shall be optional, 5 guineas extra. The students to be under the supervision of an officer of the institution.

At the meeting of the Board of Management of the Hobart General Hospital, held on June 9th, it was resolved to act upon a report from the Medical Committee, recommending that a number of old surgical instruments, which had been in use at Port Arthur, and which were now useless, be destroyed.

DR. C. N. WILLES of Oatlands met with an accident last month, by his horse falling with him and rolling over him, whilst on a professional tour to the Eastern Marshes; it is feared that it will be some time before he will be able to resume his professional duties. In the meantime Dr. Naylor of Campbelltown pays periodical visits to the district.

DR. F. HOMAN, who has been practising at Oatlands for the last three months, has left for Victoria, with the intention of settling at Ararat.

DR. J. ARMITAGE has commenced practice at Burnie, the port of Emu Bay District, on the northern coast of the island.

DR. W. MASON, late of Launceston, intends to settle at St. Kilda, a fashionable suburb of Melbourne.

MR. CHARLES MAYNE MAXWELL from Hobart received the degrees of M.B., et C.M. at the late medical graduation term of the University of Aberdeen.

VICTORIA.

THE Secretary of the Central Board of Health has sent a circular to the various hospitals in the colony, asking to be furnished with a weekly return giving the names, addresses, and all particulars respecting typhoid patients admitted to the hospitals.

THE question as to the power of the medical staff of the Melbourne Hospital to make *post-mortem* examinations on the bodies of persons in the institution, was brought under the notice of the committee, at the meeting held on June 27th, by Dr. Miller, the Medical Superintendent, who forwarded a letter to the effect that by the order of one of the hon. medical officers a *post-mortem* had recently been made on the body of a woman who had died in the hospital. Her husband afterwards protested against it, and therefore he (Dr. Miller) desired instructions from the committee as to what course to pursue in reference to *post-mortems* in future. The chairman, Dr. Gillbee, said this was a matter of importance, and should be settled at once. In London, Edinburgh, and Dublin, before a *post-mortem* could be made, the consent of the relations had to be obtained. As some of the members of the committee were in doubt whether such a rule was in force in the Melbourne Hospital, the further consideration of the subject was postponed for a week.

DR. R. A. Stirling has written to the Committee of the Melbourne Hospital, and suggested to them to appoint a gentleman to act as "chloroformist" to the institution. He states that he has mentioned the matter to the honorary medical staff, who approved of it.

DURING the month of June twenty-eight operations were performed at the Victorian Eye and Ear Hospital.

THE Supreme Court has confirmed the conviction of Joseph Langley and George Ryder, who as stated in our last issue, were sentenced to terms of imprisonment for conspiracy to defraud by representing themselves as qualified medical practitioners. Prisoners' counsel raised the point that there was no conspiracy to defraud because Ryder was simply Langley's servant.

WE have to record the death of Dr. William Ronald, an old colonist, who died at his residence, Williamsbrooke, Upper Plenty, on Monday, June 12th. The deceased gentleman arrived in New South Wales in 1836, being in charge of immigrants to Tasmania and other places, and finally settled down in the Plenty River district in 1841, when he practised his profession to within a short period of his death. His genial manner and warm-hearted disposition won him many friends. Dr. Ronald was a Member of the Royal College of Surgeons of England, and was seventy-four years of age at the time of his death.

DR. G. B. HALFORD, Professor of Physiology at the Melbourne University, with Dr. L. L. Smith and a number of medical students,

paid a visit to the Model Farm on June 27th, and carefully inspected the whole process of animal vaccination. Mr. Graham Mitchell, the well-known veterinary surgeon, showed the students a calf which had been vaccinated during the previous week, pointing out how the lymph was taken and preserved on points, tubes and between glasses; the lymph from this calf was then transferred to the arms of thirty-three persons, including seventeen students.

SURGEON-MAJOR J. FULTON, of Collins-street, east, Melbourne, who was commissioned by the late Colonel Anderson to inspect, during his late visit to England, and report upon the medical arrangements of the imperial military system, has in compliance with his instructions sent in a report to Colonel Hutton, the commandant of the local forces; the said report deals principally with the field and ambulance arrangements, and the dress of medical officers.

THE Medical School Athletic Sports, for the benefit of the Ladies' Benevolent Society, were held at the East Melbourne Ground on June 30th, but owing to the unfavourable weather there was but a poor attendance of spectators. A programme of twenty-one events was gone through, the prizes for which consisted principally of presentation cups.

THE foundation-stone of the new Homœopathic Hospital on the St Kilda-road, Melbourne, is to be laid by the Governor on the 26th July.

DR. CHARLES WALDACK, an M.D. of the University of Louvain in Belgium, was found in a moribund state from weakness and dirt in a hut in Mundy Street, Sandhurst, on July 8th. He was taken to the Bendigo Gold District Hospital, where he died. He was 79 years of age.

DR. F. T. W. FORD, of Melbourne, Medical Officer in charge of the police hospital for the past twenty-six years, gave evidence before the Police Commission on July 5th, in reference to the management of that establishment, and recommended that a permanent Medical Officer should be appointed, at a salary of £600 per annum. This innovation, he said, would not increase the cost to the Government, but would simplify the method of obtaining remuneration from the men. At present he had to rely upon the amount retained from their wages for his fees. Under the new system he considered that the hospital would be made self-supporting.

At the meeting of the committee of the Alfred Hospital, Melbourne, held on June 23rd, a report was read from Dr. J. Blair, a member of the honorary medical staff, relating to the sanitary condition of the institution, which compared very favourably with that of previous years.

DR. JOHN McLaurin, late of London, has purchased Dr. Serrell's practice at Fitzroy.

DR. C. DIXON of Maryborough, in walking up and down on the platform of the local railway-station on June 16th, slipped and fell with one of his legs under him; and not being able to rise, it was found that he had broken his leg below the knee.

DR. M. W. CHAMBERS, late of Balmoral, has removed to Hamilton.

DR. S. J. BURKE of Hotham was presented by the Committee of the Melbourne St. Patrick's Society, on the occasion of the severance of his connexion with the same, with an illuminated address, expressing the heartfelt regret of the members at losing his valuable and appreciated services.

PROCEEDINGS OF COLONIAL MEDICAL BOARDS.

The following gentlemen having presented their diplomas, were duly registered as legally qualified Medical Practitioners by the respective Boards:—

SOUTH AUSTRALIA.

Niesche, Frederick William, M.D.
Yeatman, John Walter, Surgeon.

TASMANIA.

Armitage, Joseph, M.R.C.S. Eng., B.M., Oxon.
Graham, Albert W., L.R.C.P. Lond., L.S.A. Lond.

VICTORIA.

McLaurin, John, L.F.P., 1862, et S. Edin., 1863, M.D., Glas., 1871.
Cole, George Millner, L.S.A., Lond., 1881.
Wilkinson, Wm. Cleland, M.B. et Ch. B., Dub., 1878, L. Mid. K.Q.C.P., Irel., 1878
Crowther, Arthur Bingham, L.R.C.P., Lond., 1874, M.R.C.S., Eng., 1874, L.S.A., Lond., 1873.

Additional Qualification Registered—

Rowan, Thomas, M.D., Sydney, 1882.

ASSOCIATION INTELLIGENCE.

NEW SOUTH WALES BRANCH: GENERAL MEETING.

Sydney, Friday, June 2nd, 1882.

Present—Dr. Fortescue, President, in the chair; Dr. Milford, Vice-President; Dr. Quaife, Hon. Treasurer, and Drs Mackellar, O'Connor, Schuette, Markey, Williams, Tarrant, Wrigley, Shewen, Twynam, Hankins, Watson, Traill, Marano, Belgrave, Jockel, Hurst, Steel, Wright, Pickburn, Brady, and the Hon. Sec.

The minutes of the last meeting were read and signed.

The report of the Committee *re* Friendly Societies was read.

Dr. MILFORD proposed and Dr. QUAIFF seconded *pro forma*—"That the name Friendly Societies be left out, and that these societies should be called societies for cheap medical attendance and medicine, and that this resolution be appended to the report." The resolution was negatived.

Dr. TARRANT proposed that clause 6 be expunged.

Dr. WARREN objected to its withdrawal as it affected medical men.

The PRESIDENT asked if there was a precedent for such a bank.

Dr. BELGRAVE said such a bank had been established in Paris.

Dr. TARRANT withdrew his resolution.

Dr. QUAIFF proposed, Dr. TARRANT seconded, and it was carried, that copies of the report be sent to the press and to the commission now sitting. The thanks of the meeting were given to the Committee who drew up the report.

Dr. QUAIFF then read his paper on "Placenta Prævia," which will be found on page 133.

The PRESIDENT said that he goes round or through the placenta, taking the readiest method to reach the fœtus, and said that he hoped the source of the bleeding should receive some notice in the discussion to follow.

Dr. JOCKEL had in two cases removed the placenta *in toto*. In one the child was still-born.

Dr. WARREN had a case at six months. The placenta was removed first; very full hæmorrhage followed, the patient rapidly becoming exhausted; hot water injected stopped the gushing; injection of the perchloride of iron immediately sealed the vessels. The woman recovered.

Dr. MILFORD had three cases, two total, one partial. He used the plug at first and waited for dilatation of the os, and passed his hand past the placenta and delivered. Two children were still-born. The smaller the portion of placenta detached the less danger to the mother. He always detached as little as possible.

Dr. MACKELLAR dilated by means of Barnes bags, which answered a double purpose of stopping the bleeding and dilating the os at the same time.

Drs. MARKEY, TARRANT, WATSON, and the HON. SEC. took part in the discussion.

Dr. HURST said that as a new arrival from Edinburgh he was in a position to say that the theory as to the source of blood held by Professor Simpson had been renounced.

Dr. BELGRAVE brought forward his motion for the alteration of Rule 9.

After considerable discussion it was resolved that Rule 9 now stand—"A special general meeting may at any time be called by the Council, or the Council shall call a special general meeting at any time on the requisition of not less than one-third of the registered members of the Branch.

Arrangements for the annual dinner were then made, and the meeting terminated.

THE ANNUAL DINNER.

The annual dinner in commemoration of the establishment of the New South Wales Branch of the British Medical Association was held in the Metropolitan Hotel, Sydney, on June 8th. Dr. Fortescue, President of the Branch, occupied the chair, and Dr. Milford, Vice-President, the vice-chair. The attendance of the profession was large, and the repast provided was an excellent one. Apologies were read explaining the absence of Drs. P. S. Jones and Alleyne. The Hon. Dr. Arthur Renwick, although a member of the Association, was on this occasion present as a representative of the Faculty of Medicine of the Sydney University.

THE CHAIRMAN (Dr. Fortescue) proposed the healths of Her Majesty the Queen and His Excellency the Governor.

Dr. WARREN, in proposing "The Parliament of New South Wales," said the toast which he had the honor to propose, that of the Parliament of New South Wales, was one which he was sure would commend itself to the assembly of gentlemen now met together to do honor to the New South Wales Branch of the British Medical Association. That Branch takes a very great interest in the proceedings of Parliament, and will watch most carefully any Bill submitted to the Legislature which may have reference to the public health, to university medical education, or to the social and moral advancement of the people of this colony. He must congratulate the Government upon the successful result, after their preliminary blunderings, of their efforts to eradicate smallpox from our midst, and upon the arrangements which they have made and are making to arrest any similar epidemic that may in the future become developed in this community. The present Parliament also deserves the thanks of all men of liberal education for the provisions it is making to enlarge the scope of the Sydney University. He hoped in the near future to see Parliament pass a Medical Bill containing liberal clauses, but one that will prevent men assuming titles to which they have no legal or moral claim, and which will enable the public to distinguish between a properly qualified medical man and an impostor. He also hoped to see a Bill brought in to amend the Act at present in force relating to coroners' inquests. This Act presses very heavily and most unjustly upon members of the medical profession, and particularly upon those of us who practice in the country districts. He felt sure Parliament only requires to have the matter put before it in a proper manner in order to amend the act and do justice to the profession. In many instances a professional medical opinion is of much importance before deciding on questions of great public consequence, and he had no doubt but that this Branch will be always ready to do everything in its power to assist the Government to form a correct judgment in all matters coming within the province of a medical body such as this. The Ministry is very fortunate in having among them at the present time a member of our profession, whose opinion must be of great value to them on many debatable questions, and who takes a very deep interest indeed in university, hospital, and sanitary matters generally. He felt sure that he would distinguish himself as a politician, and that his aim would ever be to do the greatest good to the greatest number. There are now several members of the medical profession members of the lower house, and they perform their multifarious duties with credit to themselves and to the satisfaction of their constituents. He hoped to see that number increased, and he was sure that there are some in our ranks whose services as Members of Parliament would be of great value to the country. He took this opportunity of drawing the attention of the Branch to the fact that although this was the oldest of the Australian colonies, and though members of the profession held seats in the upper houses of other colonies, there was only one member of this profession who had a seat in the Legislative Council of New South Wales. He trusted that the Government would see the wisdom of making one or two appointments such as he had indicated. As there were a number of other toasts to follow, he would be brief. He had therefore great pleasure in proposing the toast of the Parliament of New South Wales, and in coupling with it the names of Dr. Arthur Renwick and Dr. Harman Tarrant.

The Hon. Dr. RENWICK, in reply to the toast, made a most eloquent speech, touching forcibly on the relations of Parliament to the medical profession, referring particularly to its liberality in the matter of increased endowment for the establishment of a medical school. He commended the action of the Government in matters connected with the late outbreak of smallpox, and more recently with the epidemic of typhoid fever. Many other matters were referred to in the course of his speech.

Dr. TARRANT also replied to the toast of the Parliament, and regretted that the Ministry, of which Dr. Renwick was a member, had not a stronger party to meet them on the Opposition benches; not that he had any idea to displace him, for the present anyway, but he believed that Parliamentary debate was never properly conducted without a fair Opposition to criticise the measures of a Government. If such an Opposition had existed, many of the imperfect measures which became law during last session of Parliament would never have been permitted to disgrace the statute book.

Dr. TARRANT then proposed "The Parent Association." He said he considered it a privilege to be called upon to propose the prosperity of that important and powerful organisation which had branches in every part of Great Britain and Ireland, and in many of the British colonies. This Association was established fifty years

ago, and had for its objects the promotion of medical science, and the interests of the public in matters relating to medicine. He might say that this Association was an army composed of 9000 rank and file, consisting of the most powerful minds and busy hands of the medical profession, but with this difference, that instead of seeking glory like other armies in bloodshed, they fought for laurels in the field of humanity by the saving of life, in promoting science, and in endeavouring to guard the public against the inroads of infectious disease. In looking back upon the past he could not avoid paying a tribute to the memory of a late member of the Association, whom death had removed from amongst them during the last year, a gentleman who had occupied an honorable position in the profession in this city for many years, and who had taken an active part in the inauguration of this Branch. He referred to their late President, Dr. Moffitt—a man who, by strict integrity and the conscientious performance of all the duties of life, professional and otherwise, gained the general respect of his fellow-citizens and the love and esteem of his professional brethren. He was a worker to the last, and presided over this Branch at the meeting which took place a few days before his death. In looking to the future he impressed upon the members of the Branch the necessity for taking into consideration during the present year two matters affecting the interests of the public—the registration of infectious diseases, and the introduction of a Bill into Parliament under the title of the Contagious Diseases Prevention Bill. If these measures became law, a large amount of mortality would be prevented by the first, and by the second a disease which he need not further allude to, but the effects of which were transmitted from generation to generation, would to a great extent be prevented. He felt confident that if the management of the Branch was conducted with the same energy in the future as it had been since its formation, a large amount of public good would accrue.

The Hon. Dr. RENWICK next proposed "The New South Wales Branch of the British Medical Association," referring to the early history of the Branch, of which he was one of the founders and the first president. He alluded in feeling terms to the loss of Dr. Moffitt, which he said was felt not only by the Branch Association but by the general public. He also referred to the invaluable assistance to the medical profession that resulted from the establishment of the Branch Associations, and concluded by highly eulogising the conduct of the officers of the local Branch.

Dr. FORBES, in thanking the last speaker for his complimentary expressions, said that there appeared to be a prevailing idea that the Branch existed solely for the purpose of discussing purely scientific questions. This was not so; it existed more for the encouragement of friendly feeling, and for inducing explanations, by personal contact, of various questions from a medical standpoint—questions in which the public generally were interested. He should like to see the ranks of the Association considerably swelled, for the advantages to be derived from this Branch of the parent Association were incalculable.

In proposing the toast of "Kindred Societies," Dr. MILFORD said it was one which he felt sure they would all heartily respond to. The existence of these associations throughout the length and breadth of the civilised world may be said to be one of the special features of the civilisation of the nineteenth century. Looking upon them in one aspect we may consider each separate body as a company in a regiment, all enlisted in the great army of science, waging a constant war against the delusions of ignorance and superstition which have so long tyrannised over the nations. In another view we see them as the fomenters of good feeling, kindness, and respect one towards another, and the social unions thus generated are the means of bringing forward each man's especial good qualities, while the little angular asperities prominently marked in some of our characters are not noticed, but kindly kept in the back ground. Thus the interchange of ideas and the diffusion of knowledge is advanced, and the pleasure of existence is increased by social intercourse. Among the nations which possess kindred societies on the continent of Europe, those of Germany, France, and Italy are conspicuous by their scientific research, and I think deserve that success which their efforts so specially entitle them to; but as youthful scions of a noble parent I am sure you will hope that the vigorous health of the British Medical Association may remain in the same state that it has so long continued in, and that it will proceed, grasping as it marches along every British practitioner within its genial embrace. The roll of the British Medical Association now numbered, he understood, upwards of 13,000 names, the first in knowledge and success. Our brethren of South Australia

and Victoria might next be most cordially remembered, and deserve our sincere congratulations on the progress in number and the amount of work effected since their origin. We hold out to them the hand of brotherly friendship, which heretofore we have always found them respond to with the greatest cordiality. He thought, therefore, it would not be amiss, and he hoped they would not consider him to be a "*laudator temporis acti*," if he reverted to the Australian Medical Association, a Society which has done good scientific work in times past, and which still lives in its power of benefiting society generally. In the year 1859 this Society first sprang into existence, and eighty-nine gentlemen were at the first meeting. The honored names of Robertson, O'Brien, Nathan, Mackellar, and MacFarlane, with some of those now present, answered to the muster roll. Most of those, however, have passed away, and he more especially alluded to this Society to say that in the hands of the trustees, Dr. Wright and himself, is a considerable sum of money, its benevolent fund, the property of those who have been members, their widows and orphans. They disburse it as occasion requires, but yet the fund had been steadily growing, and now, if he recollected right, has accumulated to the amount of about £800. The medical library was in every way such as the profession should have. There were giants in those days. As the last President of that Society he could not allow it to remain unnoticed. There is, he might say, before concluding, a dear half-brother of theirs that can not be passed over, one of those which has made great progress, fostered as it is by the principal leading scientists of New South Wales. It is a Society which we all have the utmost good wishes for. He alluded to the Medical Section of the Royal Society. May it long prosper. He would not detain them longer, but gave the toast of "Kindred Societies."

Dr. MACKELLAR, in a suitable speech, replied.

Dr. Cox proposed the health of the President, Dr. Fortescue, and said he had a very responsible but pleasing duty imposed on him, but one which he had accepted with very great pleasure, and one, in fact, which he felt proud of being asked to perform. He had been deputed to propose the health of our worthy and esteemed President, Dr. Fortescue, and to wish him many happy returns of the day. It was to him a source of pleasure in undertaking this duty, because he had the privilege and pleasure of enjoying the friendship and almost daily companionship of Dr. Fortescue for many years, so many in fact, that if he were to tell them how many, it would only be telling them what old fellows they were getting, and they might think they would be likely recipients of the good things which Dr. Milford had told them he had in store from the friends of his benevolent fund for the aged and infirm. But he was not asked to-night to speak of Dr. Fortescue as a private friend. What few words he intended to say of him were in his capacity as one of us. The esteem and respect in which he was held by him (Dr. Cox) he was also held and looked upon by every one present at that table; whether in private life or as a public man, as a man of science, or as a fellow practitioner, Dr. Fortescue has gained the esteem and respect of every well and right-minded practitioner throughout the length and breadth of this colony. Dr. Fortescue has had the privilege of enjoying the confidence of the public, not only in a large and lucrative practice, but in filling many important public positions in our charitable institutions, which he has always filled and carried out with honor to himself and with credit to his profession. But amongst all the positions which Dr. Fortescue has had the honor of occupying by public approval the position which he now holds as the choice of the mass of his fellow-practitioners in this city will be the most gratifying to him, namely, the President of the New South Wales Branch of the British Medical Association. Under his wise and prudent guidance, associated as he is with the choice of the members of the Association as his councillors and advisers, the British Medical Association in New South Wales will prosper, and will be of use alike to the public and to the members themselves. The mother Society will not be slow to see the prudent and wise selection which has been made by the members in this colony to conduct its affairs in placing Dr. Fortescue at its head, and such a step will gain the confidence and good wishes and help of the mother Society.

The HON. SECRETARY of the Branch, Dr. W. W. J. O'Reilly, proposed "Country Members," and the toast of the "Ladies" was proposed by Dr. BRADY and replied to by Dr. Cox.

Dr. QUAIFF proposed the concluding toast of the evening, the "Press," coupled with the name of Dr. Milford, the editor-in-chief of the *Australasian Medical Gazette*. The toast was drunk with enthusiasm.

Dr. MILFORD, in reply to the toast, said he had to thank them

for the honor they had done him in drinking his health and that of the press to-night. It was, he said, a mighty engine for good or evil, but fortunately it supplies more health giving mental food than poison. For the medical press of Australia he more especially thanked them. He looked upon it as a great support of this Association. The fact that papers after being read are usually destroyed, and no record of them kept has tended to prevent members taking the trouble to write and bring under the notice of the Society papers and medical facts of value. For want of the press many valuable facts acquired by alchemists and others during the dark ages are lost to humanity. The medical press of New South Wales has not been in a flourishing condition up to the present time. In 1846 the *Australian Medical Journal*, the first medical publication in Australia, saw the light. This ran through exactly nine numbers, having two editors, Mr. George Brooke, Colonial Surgeon, and afterwards the late lamented Mr. Aaron. During the publication of this serial no medical society sat. The next periodical was the *New South Wales Medical Gazette*. This lasted five years, in spite of no medical association being in existence in New South Wales. Since then Dr. Knaggs has brought out an excellent medical newspaper, mostly at his own expense, which ran for a twelvemonth, no association being in existence. Some twelve months ago, after the formation of the Australian branches of the British Medical Association, it was deemed desirable that the *Australasian Medical Gazette* should be started, a paper common to all the Branches. Never was an Australian paper issued under greater advantages. In Melbourne, Adelaide, and Sydney were branches of the great Association, working well, and other medical societies in existence, which support the *Gazette*. Accordingly the *Australasian Medical Gazette* has prospered so far, and has already some 300 subscribers throughout Australia and Polynesia, namely, from Victoria, South Australia, New South Wales, Western Australia, New Zealand, Queensland, Tasmania, and Fiji, and every day the number of subscribers is increasing. A number of English and American medical papers quote from the articles contained in it. Communications are constantly being received from Europe and America. Favorable notices have been received from scientists and men of standing with regard to it. It fills a great gap and satisfies a great want, and may we not in the future look to it as probably filling the place here that the *British Medical Journal* does at home? No efforts would be spared, he felt assured, on the part of the proprietor and the editor. He again thanked them for drinking their health.

The proceedings terminated with the singing of "God Save the Queen," in which the whole company joined.

VICTORIAN BRANCH: ORDINARY MEETING.

Wednesday, June 14th, 1882. Hall of the Royal Society.

There was a large attendance. Dr. Neild occupied the chair. The minutes were read and confirmed.

A letter from Dr. Patrick Smith, of Brisbane, was read, referring to the establishing of a Branch in Queensland.

Mr. RUDALL then read the continuation of his paper "Short Notes on Surgical Practice in Europe and America."

Dr. HENRY inquired how secretions pass out in Mr. Bryant's dressings.

Mr. RUDALL—It finds its way out.

Dr. BLACK—How long does the operation for hæmorrhoids take?

Mr. RUDALL—It may take eight or nine days. The advantage is where there is a great depth of tissue to divide there is danger of hæmorrhage. The tourniquet had not the same advantage.

Dr. CUTTS—Not chloroform in cases of removal of stone.

Mr. RUDALL—Not at that hospital; but you want a very careful assistant.

Dr. HENRY—Had the Committee of "tests of sight and color" adopted any particular test?

Mr. RUDALL—Professor Donders, in the Netherlands, tests a series of tests, vacuity of vision, condensation of refraction, and for color-sense. They did not recommend the colored wools of Holmgren nor that of Professor Thompson of New York, these being the confused wools. The Committee on Tests did not regard this as adequate. Some railways had adopted his tests. He (Mr. Rudall) had learnt from Dr. Joy Jeffreys that the Congress had devoted a sum specially for that purpose, and had arranged special methods of testing.

Dr. HENRY—Was it desirable to urge on the Government some particular system?

Mr. RUDALL—The Royal Society did think it desirable, and had requested Mr. Buist to communicate with Government.

Dr. O'HARA had tried various guillotines to excise the tonsils. Found best a French instrument, with a fork to secure the portion excised. It had a fork on the outside of the rings, the fork taking it off as excised. Dr. Blair's had two forks.

Mr. GILLBEE's objection to guillotines was that it was done too quickly. It was haphazard. Had preferred the common probe-pointed bistoury; or he put plaster over the ordinary knife, and this, with a tenaculum, was sufficient. Had no difficulty in this way. Had removed hundreds in this way without risk. It was not necessary to take the whole bulk. Cicatrization did the rest. Partial removal effected the case. With the instruments you could not act with certainty, an ordinary knife was sufficient. We elaborated too much—we invented toys. Their multiplication was an error and a fault. They were puzzles—hæmorrhoids especially. What was the use of the crusher? Galvanic scissors were better.

Mr. RUDALL said in reply—Of course half of the tonsil was enough to remove. No need to tell that. A third to a half was quite enough. Where the tonsil was brittle Vulsellum or hook would not hold. As to invention of instruments, he did not exhibit with any view to gain credit. The wrapping round of knives with plaster, &c., was clumsy and inconvenient. The knife he showed was better. He showed it only in connection with what he had lately seen. When growth was over the eustachian tube, it was necessary to be careful. In our day mechanical appliances had multiplied much. Our forefathers were content with little, but mechanical dexterity had much improved, e.g., the crushing hæmorrhoid had much the advantage of the galvanic scissors.

Examination of instruments.

A reference was made to the presence of distinguished visitors, namely the medical officers of the Japanese war vessel.

Dr. SUZUKI replied, and hoped that the relation between Japan and Australia would become of a more intimate character by and by.

Baron VON MUELLER wished to know as to the reception of publications of authors by Government.

The HON. SEC.—Not from Government. He had not had a regular place for them. Contributions of the Baron and every author would be appreciated.

The following new instruments and drugs were laid on the table for inspection:—

Œsophagus, or Rectal Bougie; Allingham's Pile Clamp, Fistula-Anal Scissors and Director, Rectal Tubes, Throat Instruments; Mackenzie's Guillotine for Removing Growths; Whistler's Œsophagotome; Throat Electrode Mackenzie—by Messrs. Mayer, Melzer & Co. And Chinoline. Salicylate: ditto, Tartarate; Resorcin, a new antiseptic; ditto, pure; Tourniquet, Ward-Cousins; Mercurial Throat Spray, Hamilton; Stethoscope, Blaural, Vulcanite; Rectal and Vaginal Tubes, new; Antiseptic Trocars, on the gravitation principle; Marine Lint; Salicylic Silk; Coal Tar, Cresoline and Vaporizer, for Asthma, Diphtheria, and Whooping Cough—by Messrs. H. Francis & Co.

SINCE January 1st, 1882, there have been fifty-five cases of Typhoid fever admitted into St. Vincent's Hospital, Sydney, eleven of whom were females and forty-four males. Twenty-four cases were members of the crews of H.M. ships in harbour. Twenty-three cases came from various parts of Sydney, two from North Shore, one from Newtown, one from Petersham, one from Rushcutter's Bay, and two from Mudgee. Of these four men died, forty-four patients were discharged cured, and there remained in hospital four cases. No female died. Two Englishmen, each aged 24, one Irishman, aged 24, and one American, aged 28, all of whom contracted the disease in Sydney, are those who died. The youngest person treated was a girl aged 7 years, the eldest a seaman aged 42. Twelve were admitted during January, three in February, nine in March, fifteen in April, fifteen in May, and one in June. Similar statistics of Typhoid fever cases received into the Sydney Hospital were published in our last issue.

WE have to acknowledge the receipt, from the Government Printing Office, Washington, U.S.A., of a bound copy of the "Annual Report of the Board of Regents of the Smithsonian Institution, showing the Operations, Expenditures, and Condition of the Institution for the year 1879."

WE are indebted to Dr. F. Norton Manning, Inspector-General of the Insane in New South Wales, for a copy of his report to the Colonial Secretary on the state and condition of the hospitals and other institutions connected with his Department for the year ending 31st December, 1881, with Appendices, containing separate reports and statistical returns by the Medical Superintendents of the Hospitals at Gladesville, Parramatta, and Callan Park.

PUBLIC HEALTH.

THE deaths registered in Melbourne and suburbs, in May numbered 510, viz., 290 males and 220 of females; the births just exceeded the deaths by 350. The deaths were fewer in April by 16, but above the average of May during the previous ten years by 91. If, however, allowance be made for the increase of population, they will be found to have exceeded the average of that month in those ten years by only 37. To every 1,000 of the population of the district, the proportion of births registered was 3·02, and the deaths registered 1·79. Males contributed 57 per cent. and females 43 per cent. to the mortality of the month. Children under 5 years of age contributed 30 per cent. as against 31 per cent. in May, 1881 and 1880; 39 per cent. in May, 1879; 26 per cent. in May, 1878; 34 per cent. in May, 1877; 38 per cent. in May, 1876; 37 per cent. in May, 1875; 39 per cent. in May, 1874; 40 per cent. in May, 1873; and 46 per cent. in May, 1872. The month was unusually fatal to old people, no less than 35 deaths of persons who had attained the age of 75 years or upwards having been recorded. Twenty-six deaths from external causes were registered during the month, of which 19 were ascribed to accident, 3 to homicide, and 4 to suicide. One hundred and nine deaths, or 22 per cent. on the whole, took place in public institutions. The deaths of children under five years of age numbered 152, of which 92, or 60 per cent., were of males, and 60, or 40 per cent., were of females. Of those who died, 100 were under one year of age, 25 were between one and two, 13 were between two and three, 9 were between three and four, and 5 were between four and five. The persons who died at a more advanced age than five years numbered 358. Of these, 198, or 55 per cent., were males, and 160 or 45 per cent., were females. In May, as compared with the previous month, deaths from zymotic diseases fell from 119 to 90, diminution having occurred in deaths from whooping-cough, which fell from 6 to 4, and in those from dysentery and diarrhoea, which fell from 50 to 14. On the other hand deaths from scarlatina rose from 4 to 5, those from metria from *nil* to 4, and those from rheumatism from 2 to 4. Six deaths were set down to the consequences of childbirth, or 1 death of a mother to every 143 children born alive.

THE deaths registered in Sydney during the month of May, numbered 216, viz.:—118 males and 98 females, which is 33 more than the five years' average. Local diseases gave 38·43 per cent., the principal causes of death being,—Cephalitis, Apoplexy, Epilepsy, and Convulsions, 4 each; Heart disease, 19; Bronchitis, 11; Pneumonia, 12; Nephria, 4. The Zymotic class bore a proportion of 24·08 per cent. of aggregate mortality, with Typhoid fever, 21; Diarrhoea, 10; Intemperance, 9, as the primary causes. Of constitutional diseases (16·2 per cent.), the most prominent were Cancer, 5; and Phthisis, 24. The proportion of developmental diseases was 15·74 per cent.,—premature birth, 7; Childbirth, 1; Old age, 7; Atrophy and Debility (infants), 15, &c. The number of persons of the age of 70 years and upwards that died during May was 11. Sixty-one deaths or 28·24 per cent., of the total number occurred in public institutions. The number of deaths recorded in the suburbs of Sydney during the month of May were 191, viz.:—107 males and 84 females, and exceeded the five years average by 26. The proportion of local diseases was 36·17 per cent., principal causes of death,—Cephalitis, 5; Convulsions, 10; Heart disease, 8; Bronchitis, 7; Pneumonia, 8; Enteritis, 8; and Nephria, 4. Constitutional diseases gave 20·42 per cent., primary causes,—Cancer, 5; Tabes mesenterica, 8; and Phthisis, 19. Zymotic diseases (19·9 per cent.),—Typhoid fever, 11; Diarrhoea, 11, &c. Developmental diseases (19·37 per cent.),—Premature birth, 6; Teething, 4; Old age, 10; and Atrophy and Debility, 17. The number of deaths of old people was 20. The principal feature last month was the number of deaths (32) from Typhoid fever. This disease appears to have been very prevalent both in Sydney and Suburbs. The infantile deaths for the month of May were 34·26 per cent. of the aggregate deaths in Sydney, and 0·75 per cent. above the average of the previous five years. The percentage in the Suburbs was 49·21, which is 4·16 per cent. less than the average.

THE deaths registered in the City of Adelaide, with a population of 38,479, during the month of May numbered 111, viz., 65 males and 46 females, or at the rate of 0·29 per cent. During the same period 403 deaths were registered in the whole colony, or at the rate of 0·136 per cent. to a population of 294,522. Of these 93 were due to Zymotic diseases (Typhoid fever, 24; Diarrhoea, 24; Croup, 10; Diphtheria, 5, etc.), 64 to constitutional diseases (Phthisis, 40; Cancer, 9, etc.); 140 to

local diseases (Convulsions, 14; Apoplexy, 7; Brain disease, 13; Pneumonia, 19; Bronchitis, 7; Heart disease, 14, etc.); 86 to developmental diseases (Atrophy, 36; Old age, 26; Premature birth, 13; Teething, 6; Childbirth, 3, etc.); and 20 deaths were due to violence.

BETWEEN the 4th and 31st May 233 cases of Measles, 2 of Typhus, and 6 of scarlet fever were reported to the City Sanitary Inspector at Auckland, N.Z. A number of school teachers are now absent from duty through having Measles and Scarlatina in their houses.

BRONCHIAL Catarrh and Influenza are prevalent on Norfolk Island.

CHICKENPOX has broken out at Walhalla, Numurkah, and M'Ivor in Victoria.

A SERIOUS outbreak of Diphtheria is reported from St. Albans, N.Z. The borough school has been closed by the Board of Health, who have ordered all Sunday schools also to be discontinued. Three deaths in one family have occurred within two days.

DIPHTHERIA is prevalent at Melbourne, Dandenong, Ballarat East, Fitzroy, Kyneton, and Trentham East, in Victoria; also at Palmerston, Prov. Otago, N.Z.

MEASLES are reported to exist at Hamilton and Onehunga. (Prov. Auckland), N.Z.; also at Horsham, Victoria.

SCARLET FEVER has appeared at Ararat, Camperdown, Ballarat East, Caulfield, Dimboola, Dromana, Jamieson, Malvern, Terang, and Yackandandah in Victoria, also in the Blueskin district, Prov. Otago, and at Onehunga, near Auckland, N.Z.; as well as at Launceston and Latrobe, Tasmania.

TYPHOID is prevalent at Ballarat and Smythesdale, in Victoria.

AN investigation into the outbreak of Typhoid at Whittlesea, Vic., has pointed clearly to the fact, that the disease has been carried to the village by a visitor from South Yarra, a suburb of Melbourne.

MEDICAL APPOINTMENTS.

Annand, George, M.D., M.B. et Ch.B. Melb., M.R.C.S.E., L.R.C.P. et R.C.S. Edin., to be a Public Vaccinator for the district of Hamilton, Vic., vice Dr. H. James, who has left the district.

Armstrong, William, M.B., et Ch.B., Melb. to be Deputy Medical Superintendent at the Yarra Bend Lunatic Asylum, Melbourne.

Benjafield, Harry, M.B. et Ch.M. Edin., to be a Public Vaccinator for Hobart, Tasmania.

Bancroft, Joseph, M.D., M.R.C.S.E., L.S.A., Lond., of Brisbane, to be President of the Queensland Medical Board, vice Dr. K. Cannan, resigned.

Beard, Spencer Francis, M.R.C.S.E., L.S.A., Lond., to be Honorary Assistant Surgeon of the Masterton Rifle Volunteers, N.Z.

Burton, William Henry, M.D., L.R.C.P. Lond., M.R.C.S.E., to be Acting Health Officer for Port Phillip, also to act at the Sanatory Station, Point Nepean, Vic., during the absence on leave of Dr. Bulmer.

Casey, Philip Roth, L.R.C.S. et L.K.Q.C.P., Irel., appointed visiting Surgeon to Hay Gaol, N.S.W.

Chambers, Matthew Wardell, M.R.C.S.E., appointed Health Officer for Hamilton, Vic.

Chapman, Henry Thomas Hugh, M.R.C.S.E., L.R.C.P., Edin., of Leeton, Prov. Canterbury, to be Public Vaccinator, for the Ellesmere District, N.Z.

Deahon, Frederick Peter, M.R.C.S.E., L.S.A., Lond., to be Medical Superintendent at the Beechworth Lunatic Asylum, Vic.

Dunlop, J. D., M.B. Edin., L.R.C.S.E., appointed Senior Medical Officer at the Adelaide Hospital.

Forbes, Armitage, L.R.C.P. Ed., L.R.C.S. Irel., to be Government Medical Officer for the district of Walgett, N.S.W.

Galbraith, James, M.D., L.R.C.S., Edin., of Invercargill, N.Z., to be Public Vaccinator for the Southland district.

James, Henry, L.R.C.P. Ed., M.R.C.S.E., appointed Medical Attendant to the Austin Hospital for Incurables, Melbourne.

Marks, Edward George Keighly, M.D., L.R.C.S.I., L.K.Q.C.P. Irel., Casterton, to be Public Vaccinator at Uhlil, Vic.

McLaurin, John, M.D., L.F.P.S., Glas., to be Public Vaccinator for Fitzroy, Melbourne, vice Dr. T. Serrell, resigned.

Nickoll, John Sayer, Surgeon, to be Public Vaccinator for Gawler, S.A.

Niesche, Frederick William, M.D., to be Public Vaccinator for Adelaide, S.A.

O'Reilly, Archibald Thomas, M.R.C.S.E., appointed Government Medical Officer, also Medical Officer to the Stanthorpe Hospital, Queensland.

Poulton, Benjamin, M.B. et Ch.B. Melb., M.R.C.S.E., appointed Junior House Surgeon at the Adelaide Hospital.

Samson, Henry Augustus M.B., Melb., to be Public Vaccinator at Omeo, Vic., vice Dr. K. Warren, who has left the district.

Smith, William Beattie, F.R.C.S. et L.R.C.P., Edin., to be Deputy Medical Superintendent at the Ararat Lunatic Asylum, Victoria.

Stewart, Robert, L.R.C.P. et R.C.S., Edin., to be Health Officer for Smythesdale, Victoria.

Thomson, John Rae Menzies, M.B. et Ch.B. Melb., to be Resident Medical Officer and Public Vaccinator for the district of York, W.A.

Turnour, C. Chad, L.R.C.P. Ed., M.R.C.S.E., of Guildford, to be Public Vaccinator for the urban and suburban districts of the Swan, W.A.

Yeatman, John Walter, Surgeon, to be Public Vaccinator for Koolunga, S.A.

CORRESPONDENCE.

PHYSIOLOGICAL EFFECTS OF DUBOISIA ON THE EYE.

TO THE EDITOR OF THE AUSTRALASIAN MEDICAL GAZETTE.

SIR,—Seeing in the May number of the *Australasian Medical Gazette* a short paper by Dr. Fortescue on the effects of Duboisia on the pupil, I would like to supplement his remark "that a simple watery extract of Duboisia acts as a mydriatic and paralysed of the accommodation at least as speedily as the strongest solution of Atropia Sulph."

In my London hospital practice I have used Duboisia and also Daturin with markedly good results where Atropia had failed in dilating the pupil. I can call to mind several cases of Iritis where Mercury and Iodide of Potassium, Atropia, and all the usual methods of treatment were pursued to restore an iris glued to the lens to its normal state. In several cases this treatment having failed, an iridectomy seemed the only resource, and here it was I found the benefit accruing from the two remedies named. In most of the cases one or two drops of Duboisia broke through all adhesion, and a pupil that had been most irregular before now became round. From those facts I conclude Duboisia to be a much more powerful Mydriatic than Atropia, and can be used with success where the latter has failed. I am sorry not to be able to give the particulars of some cases, as my note-books are all lost. But of the facts there is no doubt. Duboisia does not always succeed where Atropia has failed, but it is at least fair to give a patient the moderately good chance of its successful action before proceeding to an iridectomy. When using Duboisia it is as well to keep your patient in your house for, say, half an hour after its application, as I have known vertigo and giddiness to follow to a great degree. I remain, Sir, yours truly,

WILLIAM S. BYRNE, M.B.,

Late Assistant Surgeon Central London Ophthalmic Hospital.
Mackay, North Queensland, June 1st, 1882.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 2s. 6d., which should be forwarded in stamps with the announcements.

BIRTHS.

BROWNE.—On June 7, at Lisburne House, Drummond Street, Carlton, Melbourne, the wife of Dr. V. E. Browne, of a son.

GAMBLE.—On June 23, at Walhalla, Vic., the wife of Dr. H. W. B. Gamble, of a son.

GRAHAM.—On June 12, at Hobart, Tasmania, the wife of Dr. A. W. Graham, of a daughter.

KINGSBURY.—On June 19, at Columbia Cottage, Newtown, Sydney, the wife of Dr. Kingsbury, of a son.

MACLAURIN.—On July 1, at 155 Macquarie Street North, Sydney, the wife of H. N. MacLaurin, M.D., of a son.

NAYLOR.—On June 22, at Campbell Town, Tasmania, the wife of Dr. H. G. H. Naylor, of a son.

SCHOLES.—June 17, at Goodna, Queensland, the wife of R. B. Scholes, M.B., of a daughter.

STEWART.—On July 5, at Brunswick, Melbourne, the wife of Dr. D. E. Stewart, of a daughter.

STRIDE.—On May 23rd, at Grenfell, N.S.W., the wife of Dr. John Stride, Surgeon, of a daughter.

MARRIAGE.

ROGERS-MANTON.—On June 1, at Christ Church, Nelson, N.Z., Dr. William Rogers, to Florence Adele Manton, second daughter of F. J. Manton, Esq., N. S. Wales.

DEATHS.

BECKE.—June 30, at 199 Bourke Street, Surry Hills, Sydney, Cecil Augustus Becke, L.S.A., Lond., 1851, aged 79 years.

BROWNE.—On June 13, at Lisburne House, Drummond Street, Carlton, Melbourne, Ellen Mary, wife of Dr. V. E. Browne.

FARQUHARSON.—June 20, at Arrow Hospital, Prov. Otago, N.Z., Patrick Davidson Farquharson, M.B. et Ch. M., Aberdeen, 1892.

FORWOOD.—On June 16, at Queenstown, S.A., Dr. Frederick Forwood, late of Port Adelaide, aged 74 years.

GORDON.—June 11, at Windsor, N.S.W., Henry Pelham Gordon, M.R.C.S.E., 1866, aged 38 years.

LITTLE.—June 20, at Burwood, Sydney, Marion, the wife of Dr. Wm. Little, aged 29 years.

RONALD.—On June 12, at Williamsbrooke, Upper Plenty, Vic., William Ronald, M.R.C.S.E., 1831, aged 74 years.

OUR NEXT NUMBERS WILL CONTAIN—On Infantile Mortality, by Dr. J. Jamieson; Short Notes on Surgical Practice in Europe and America (continued), by Dr. J. T. Rudall; On the Treatment of Anasarca, by Dr. R. Adam; Eradication of Naevi by Electrolysis, by Dr. J. Browning; Notes on the Etiology of Typhoid Fever, by Dr. J. R. Ryley; On the Treatment of Enteric Fever, by Dr. W. Markham; Statistics of Typhoid Fever, from 1864 to 1880; On the Establishment of a Registry for Nurses, by Dr. J. C. Cox; Case of Belladonna Poisoning, by Dr. V. Marano; Case of Aneurism of the Gluteal Artery, by Dr. C. K. Mackellar; Case of Hydatids on the Brain, by Dr. G. T. Hankins; Belladonna in Intestinal Obstruction, by Dr. H. G. H. Naylor, &c., &c.

ON THE TREATMENT OF ENTERIC FEVER.

By WILLIAM MARKHAM, M.D.,

Medical Officer of the Port Augusta Hospital, South Australia.

Although we know but little of the real nature of the poison that causes Enteric fever, there can be no doubt that an organised particle is introduced into the system either by the air we breathe, or by the water we drink, perhaps in most cases water is the carrier. The infecting matter passes through the intestinal glands, and enters the blood. This poison differs from ordinary poison in the fact that it can multiply itself indefinitely. Some of the investigators in this interesting field have gone as far as to claim that they have found the germ or ferment that is the exciting cause, not only of Enteric fever, but also of Diphtheria, Cholera, and other contagious diseases. In a number of examinations microcosms were found in various organs, particularly in the intestinal glands and liver. These microscopic bodies were seen in the form of rods which are easily distinguished from the bacilli found in decomposition. The rods were not found in the organs of patients dying from other diseases. It is the opinion of recent observers that micro-organisms are the cause of Enteric fever. As, however, nothing is yet certain, we must content ourselves to investigate the cause of this fever by what we can see of its effects, although our knowledge is thus limited, when we bear in mind the amazing strides that have been made by organic chemistry within the last 40 years. It would, perhaps, be within the bounds of reason to say that before the close of the 19th century the germs will be discovered causing not only Enteric fever, but also other infectious diseases. If the exact nature of the poison is doubtful, many of the laws governing its action outside the body are well established. We know that it does not originate spontaneously. The germ of Enteric fever arises from another germ of like kind. Decomposing animal and vegetable matter in the ash-pit or water-closet may, and indeed very often does, become a nursery for it, but filth does not originate it. Epidemics of fever do not always arise in the overcrowded parts of a city, in fact, experience teaches that very often the reverse is true. When once introduced into a thickly settled town, it generally becomes endemic in the poorer districts where poverty and dirt are inseparable. In the two epidemics where I first studied the fever it was introduced by visitors to the cleanest part of the city. Of the specific nature of the germ there can be but little doubt. That the poison is a specific matter is well demonstrated by the introduction of the fever into our district two years ago. Two Chinamen were admitted into the hospital suffering from mild Typhoid; 18 days after I saw a case in a town 25 miles north of us. As the men came from a camp near this township I concluded that they had used some of the closets, thereby depositing the seed of the disease. As a number of cases followed, the camp was visited; it was found that a number of the men had been confined to their tents, sick with symptoms of fever. Most of them suffered from Diarrhoea, a few passing blood. Those who were able to leave their beds walked a few yards from the tent and made a water-closet of the ground. This was in Mt. Arden Creek, which is dry in summer, but runs after heavy rain. Not far from the camp is a well which supplies the town of Quorn with water. A short time before we received the first cases there was running water in this creek, and of course all the filthy surface was washed into the well. The whole matter was reported to the proper authorities, who ordered the well to be closed and cleaned. Only five cases occurred afterwards in the town. We also know that the poison is eliminated with the faecal discharges. This is shown by the above outbreak, for the camp was otherwise clean, besides as some of the Chinamen were sick in the steamer coming to Port Augusta, it is more than probable that the disease came from Adelaide. The poison is communicated by the faecal discharges only. When the germ is deposited in decomposing animal matter it may multiply itself. It does not originate, however, in offensive odours. There is reason to believe that the intestinal discharges are not infectious until the process of fermentation has begun.

In sketching out our line of treatment for any disease, we should never forget that the patient is to be treated as well as the malady. A great deal may be done towards conducting the case safely through the different stages of the complaint by carefully watching the symptoms, anticipating accidents, and bringing the sufferer over critical periods. There are a number of important matters to be attended to before drug treatment is thought of, the administration of a sufficient quantity of easily digested food at regular intervals, a record of which should be kept by the nurse, economising as much as possible

the strength of the stomach and the heart. The patient should retire at once to bed and keep as quiet as possible. Failure of the pulse is to be guarded against by the timely use of stimulants. The patient is to be placed in a position favourable to recovery. The attendant should appear cheerful before the patient. I am sure that the success of the physician often depends upon the services of an intelligent nurse. We have to treat not only the symptoms seen at the usual daily visit, but often those observed by the nurse in our absence. Good nursing is attention to trifles, keeping the room clean and well ventilated, allowing the sunlight to enter, renewing soiled linen, the disinfecting and destruction of faecal discharges by burial in the ground regularly, and order should be observed in the sick room. The best trained nurse is apt to prove a failure unless she is possessed of unlimited patience. Nourishment should be given every four hours or oftener. Milk and soda water when the stomach is irritable; well-beaten eggs and brandy may often be given from the beginning of the second week, the state of the pulse regulating the stimulant. At first enough is given to make the egg palatable, towards the end of the second week, if the first sound of the heart fails, the brandy is increased. Cold water should be given freely at all times, unless one hour before or after taking nourishment, as it might interfere with absorption. If sufficient nourishment is given delirium may be prevented.

But little need be said of the Expectant method. It was adopted by most physicians in the American Rebellion, small doses of Quinine and the mineral acids being the practice. The percentage of deaths was very high, from memory, I think over twenty-five per cent. Long marches and scanty food had no doubt reduced the men, but I am persuaded that an energetic treatment would have saved many.

When the temperature does not exceed 102deg. in the evening, good nursing may carry the patient safely through the disease. Even at 103deg., if the functions of the skin and kidneys are fairly performed, a good percentage may recover, but when the temperature rises above 104deg. for a few nights in succession, death is to be feared, unless active treatment is adopted. When the glass stands at 104deg. for more than 4 or 5 nights, either death or a long convalescence is the almost certain result. As there are many eminent medical men who still hold to the expectant treatment, it may be asked, is there a better one? Have we a more scientific method? I believe we have. In the anti-pyretic or anti-zymotic, for they are alike in their action.

If a ferment in the blood depending upon an organised germ is the cause of fever, to destroy the germ would be to reduce the temperature.

Since the external use of disinfectants has become so popular, it naturally occurred to many physicians that if Carbolic Acid can check the process of decomposition and multiplication of disease germs on the surface of the body, why not introduce it into the blood, where we have reason to believe a specific poison is producing fever. We know that the diseased process in phthisis is often checked for a time by the inhalation of disinfectants. Why not then introduce anti-zymotics by the stomach and rectum as well as by the lungs.

A common sense view of the treatment of Enteric fever, based upon our knowledge of its cause would favour one of the following courses:—

1st. To destroy the poison in the blood, thereby gradually subduing the disease by removing its cause, or, 2nd. To protect the vital organs from the injurious effects of high temperature, by the application of cold water to the skin. Of the latter method I have had no experience, but for the last two years I have had good opportunity of comparing the anti-pyretic method with the expectant treatment, which I practised for many years in the States.

Since the first case was admitted into the Port Augusta Hospital, about 2 years ago, 163 were treated. Many of anti-zymotics were faithfully tried. If one disagreed another was used. Some patients could not take Quinine in large doses. In these cases Salicylate of Soda acted well in medium doses. Nearly all my early cases were treated with large doses of Quinine. On one occasion with 9 cases of fever in hospital my supply of Quinine gave out. I then began to use Salicylate of Soda, giving 10grs. every 3 hours, day and night, until the temperature fell to 100deg. or less at night. The drug was then stopped until the glass marked 102deg., when 3 or 4 ten-grained doses were given from 4 to 10 at night. The temperature was thus reduced again to 100deg., from which it rarely rises, convalescence usually following in from 7 to 10 days.

In 9 cases Iodine and Carbolic Acid were used alone. Seven of them made good recoveries in the 4th week; in two I had to resort

to large doses of Quinine before the high temperature gave way. One dose of 35grs. was given every 48 hours. After 3 or 4 doses rapid recovery usually followed. Many of our cases suffered from severe Diarrhoea, but were relieved by the Carbolic and Iodine treatment. In 34 cases Quinine was used with the Salicylate, for although the 10-grained doses of the Soda reduced the temperature to 100deg., it rose rapidly when the remedy was stopped. I found it better then to administer two or three large doses of Quinine on alternate nights, then increase the doses of Soda after the second dose of Quinine. A fall of the glass to 98 may be expected in the morning, this is soon followed by recovery. No unpleasant symptoms are caused by these large doses, save the usual deafness when the drug is not retained by the stomach. It proves just as effectual given by the bowels. This is preferable for children. In using the salicylate of soda in the above doses, no injurious effects were observed on the kidneys. When the temperature on admission is under 104deg., Carbolic Acid and Iodine are often all the treatment required. But if the glass marks over 103deg. after 5 days treatment, one dose of Quinine of 40grs. will not only reduce the heat to 100deg. at night, but also ensure a distinct intermission in the morning for one or two days after. Meanwhile the acid and iodine may be continued. To secure an intermission in the morning is of great importance in the treatment of Enteric fever. By this a continued fever, or more correctly a remittent fever, is converted into an intermittent. The reduction of heat in the intermission may save the patient by allowing nature to repair the destruction caused by a continual high temperature. If the patient has been intemperate I prefer the Carbolic Acid treatment with an occasional dose of Quinine. When the patient is young, and has enjoyed good health, the Salicylate of Soda always does well in my hands. From my experience in the anti-pyretic treatment for the last two years, I am satisfied that if the patient is seen early enough the disease may be shortened, and when it is not shortened a long convalescence is avoided. A long convalescence is caused by the destructive effects of continual high temperature on the body, but particularly on the heart. If the glass marks 104deg. for more than five nights there is danger of the disease running into the fifth week, if not of death, unless there is a marked remission in the morning. It is the continual heat that destroys. But the certainty of a rapid convalescence is the least that can be claimed for the anti-pyretic treatment. The death rate is diminished very much. Of the 163 cases treated here there were 12 deaths. Of the 12, 4 died 48 hours after admission, two of them suffered from Pneumonia. All of them travelled by rail over 150 miles. I have found that those who were sent by buggy are not so prostrated as the former. Most of my cases entered hospital in the second week of the disease.

What I claim for the anti-pyretic treatment is:—1st. That the poison is destroyed in the blood. 2nd. That an early intermission is ensured. 3rd. Tissue death therefore is diminished, and paralysis of the heart is avoided. 4th. The disease may be shortened. 5th. If not shortened, a long convalescence is prevented.

BELLADONNA IN INTESTINAL OBSTRUCTION.

By HENRY GEORGE HORACE NAYLOR, L. et L. Mid. R.C.P. et R.C.S. Edin.,

Honorary Surgeon to the Campbell Town Hospital, Tasmania.

Mrs. S., ætat 47 years, has twice in the last two years had attacks of obstruction of the bowels, the result of constipation, which resisted all treatment (at first by brisk purges, then by oil and enemata) for nine days and ten days respectively. When the symptoms became urgent and of an inflammatory character, with tremendous tympanitis, I began giving her extract of Belladonna, with Calomel and Opium, continuing the Belladonna in quarter-grain doses every four hours for two days, when the wished for result occurred, and the symptoms, which had become very alarming, disappeared very soon.

I think possibly that the Belladonna, by allaying pain and spasm, help to restore the normal vermicular action of the bowels, or possibly has a specific stimulating action on the muscular structure of the intestines somewhat similar to its action on the iris.

TREATMENT OF ANASARCA.

Read before the Victorian Branch of the British Medical Association.

By GEORGE ROTHWELL ADAM, M.B. et Ch.M., Edin.

Hon. Physician to the Alfred Hospital, Melbourne.

Before describing to you the methods I propose for treating oedema of the legs, I must state that it is not entirely original. It is simply a modification of that proposed and practised by Southey. Having frequently seen unpleasant and sometimes disastrous results, or rather accompaniments, of Dr. Southey's draining canulas, I was induced to inquire into the causes of the irritation set up in the skin. It appears to me that there are two leading factors producing an irritation of the skin, resulting frequently either in simple erythema, erysipelas, or abscess. In the first place, in an oedematous limb the skin elements become compressed and their vitality is lowered by interference with their nutrition. This is well illustrated when an ulcer forms, cicatrization will not take place until the oedema be reduced, in other words, until nutrition is restored to the skin elements, when the sore usually heals kindly, only to break out again as the dropsy re-accumulates. The second factor appears to be the presence of an irritating body. This I conceive to be the dropsical fluid. If this fluid is tested it will be found to possess a weak alkaline reaction. Now it seems probable that any fluid possessing a positive re-action (either acid or alkaline) flowing over a skin that is badly nourished, and whose epithelium put on the stretch, will be quite a sufficient irritation to cause untoward complications. Taking this view of the case it appeared to me that if by any means this fluid could be constantly kept neutral while it was draining away, one of our factors would be removed. Accordingly the following method was adopted:—The limbs to be drained were sponged over with a solution of Boracic acid. This being a mild, non-irritating acid, was judged to be sufficient to neutralize the serum. Several punctures were then made through the skin in an upward direction on a dependent aspect of the leg. Through these the dropsy drained freely. So far the experiment proved satisfactory, but only one of the conditions had been fulfilled. Something was required to keep the serum neutral, and also to prevent it wetting the patient and the bed. In order to meet both difficulties, moderately sized Turkey sponges were thoroughly soaked in the saturated solution of Boracic acid, squeezed dry, and applied over the punctures, and kept in position by a turn of bandage lightly applied. These sponges required to be removed in the course of 2 or 3 hours, and the accumulated serum squeezed out and again soaked and re-applied. In this manner a couple of pints or even more of serum could be drained in the course of 24 hours. And in all the cases I tried there was not the slightest trace of irritation of the skin. Of course there is no method but which will have its disadvantages, and this is no exception to the rule. The attention required, although great, is not unsurmountable. For any case in which this method would be admissible would want considerable nursing, and no extra labour would be involved by it. Perhaps the greatest disadvantage is that the punctures require to be repeated nearly every 24 hours. But this is not so painful as may be supposed, for the skin, by tension and loss of vitality, is rendered less sensitive. Indeed, as a matter of fact, the patients rarely object to the operation on that score, being only too glad to get rid of their dropsy. Another disadvantage is that in some exceptional cases only a drop or two of fluid follows the puncturing. The cause of this I am unable to state, probably the serum contains too much albumen, or it may be, as Professor Spencer calls it, solid oedema. My most successful cases as regards draining were those in which the dropsy was due to cardiac insufficiency. Oedema due to Bright's disease as a rule did not drain so easily. If by any means the neutralizing could be applied to Southey's canulas, an almost perfect system of drainage would be established, but then one of our conditions would remain unfulfilled. The canulas would be a constant source of irritation. So that I fear we have still to look for the acme of drainage. The advantages of the proposed method are I think obvious enough. A reduction of irritation with, at least in the majority of cases, an efficient drainage, and this at a relatively small cost of labour. With regard to the advantage or disadvantage of external drainage I say nothing, except that I have found in many cases diuretics and purgatives useless until external drainage had been resorted to. And then, and not till then, they acted satisfactorily.

A CASE OF ANEURISM OF THE GLUTEAL ARTERY.

Read before the N.S.W. Branch of the British Medical Association,

By CHARLES KINNAIRD MACKELLAR, M.B.,

Medical Adviser to the New South Wales Government.

On the 10th June, 1879, I was consulted by Mr. P. A. concerning a slowly progressing swelling situated over the left gluteal region. It was about the size of a small orange, apparently perfectly spherical, very hard, and without elasticity, and although it was always more or less painful, yet the pain was not all increased by pressure. The patient was a moderately strongly built man, of medium size, and had been for many years actively engaged in athletic exercises, particularly rowing. He said that he "first had trouble with his back" about two and a-half years before, when he had a fall upon the steps of a jetty. He did not know whether he struck the part or merely strained it, but from that time he had invariably some little pain or inconvenience when rowing or taking other active exercise, nevertheless, he had trained several times for rowing contests. In May, 1878, that is to say, thirteen months before he consulted me, he sustained a severe fall down the fore hatch of a yacht, the left gluteal region coming very violently into contact with the coamings. This gave him great pain, which, however, soon passed off, and in a few days he had almost forgotten the occurrence, but in about a month afterwards he began to have slight difficulty in micturition, and his bowels became torpid, but both these difficulties were relieved on his taking a little aperient medicine. They recurred, however, from time to time, for several months, and about October or November the trouble in both particulars became much more serious, the bowels being absolutely inert, except under the influence of strong purgatives, and the urine dribbling away very slowly and with much straining; excepting after a free evacuation of the bowels. In March, 1879, the pain began to be much more localised, and the tumour assumed its present size. Dr. Joseph, of Gladsville, under whose care he was at the time, was obliged to pass the catheter constantly as the bladder had become quite unable to expel the urine. The enema was also in constant requisition, as the bowel was quite inert. For the next two months he received no particular care from any medical practitioner, but having acquired the necessary skill to use these instruments, he kept himself free of pain by their constant application. On my examination on the 10th June, I found the left gluteal region much larger and more prominent than the right. On palpation this was found to be caused by a hard tumour occupying the centre of the space, about the size of an orange, and without any sensation of fluctuation or pulsation. It was, in fact, of a bony or cartilaginous hardness. The contour of the abdominal wall was not altered from the normal, but deep palpation in the hypogastric region revealed the presence of an ill-defined, apparently solid or semi-solid mass. The catheter was passed, and a small quantity of normal urine drawn off. On examining, per rectum, I found a large tumour occupying almost the whole of the pelvic cavity, but having its chief bulk on the left side; the right side being apparently free, and the rectum pressed in that direction, and almost completely occluded. Upwards, backwards, and to the left the tumour was most defined, and here it was exceedingly hard and resistant, with no evidence of fluctuation or pulsation. I was unable to arrive at any definite diagnosis, and on the 1st July Drs. P. S. Jones and Mackenzie, in consultation with me, found similar difficulty. I therefore on that day passed an aspirating needle into the gluteal tumour from the outside, drawing off from thence a quantity of dark grumous blood, and subsequently I repeated the operation through the rectum with the same result. Little or no hæmorrhage followed. The patient continued in much the same condition for the next five or six weeks, and early in August he removed to Neutral Bay, North Shore, where his family resided, which rendered it necessary that I should resign the case into the hands of a practitioner more conveniently situated, as I was unable to visit him at so great a distance. I accordingly handed him over to Dr. Kingdon, of St. Leonards, with whom I saw him on the 17th August. He was suffering great pain, which was with difficulty relieved by the use of strong sedatives. Dr. Kingdon informs me that on the night of the twenty-third he was called to see him in haste.

He found him in great agony, and on examining the external tumour discovered it to be "resonant to percussion, distended, and very elastic, the tension seeming to be the chief cause of pain." He made a small incision which gave vent to some foetid gas, but the patient became gradually comatose, and died the same night. Ten hours after I assisted Dr. Kingdon to make a *post mortem* examination, when the following facts were revealed:—The whole body was extraordinarily inflated with emphysema, and the abdomen much distended with gas. The external relations of the tumour were unrecognisable, decomposition seemed to be proceeding at an exceedingly rapid rate. On opening the pelvic cavity the bladder and rectum were found to be displaced to the right by a soft mass, arising apparently from the neighbour of the left sacro-iliac synchondrosis, and intimately connected with the rectum; but in such a friable and decomposed condition that its exact relationship could not be made out, nor could it be ascertained with certainty whether there was an opening into the gut; there was, however, a free communication with the incision in the buttock made by Dr. Kingdon on the previous night. The mass consisted of numerous semi-organised layers of blood-clot, much of which was disintegrated and grumous, and advancing rapidly towards decomposition. It appeared to have come through the great sacro-sciatic notch. The spine of the ischium could be felt, roughened and carious, and numerous small pieces of bone were found in the bloody mass occupying the cavity of the external tumour. The bowel above the tumour was much dilated and full of bloody fæces, and bound down by adhesions. The gluteal artery could not be discovered, but from the sequence of signs and symptoms, together with the condition of the parts discovered after death, I have no doubt but that the lesion consisted of a rupture of the gluteal artery where it issues from the great sacro-sciatic notch, and a consequent diffuse aneurism. Nor do I doubt that this occurred at the time of the second fall, before mentioned. I suspect that during the last few days of the patient's life communication took place between the bowel and the tumour, and hence putrefaction and consequent septicæmia. Aneurism of the gluteal artery may be either spontaneous or traumatic, but it is exceedingly rare, and always difficult of diagnosis, as other tumours in the same situation are not uncommon, and frequently baffle the most expert surgeons. A case is related in Erichsen's Science and Art of Surgery, where Mr. Guthrie ligatured the common iliac artery for a large pulsating tumour in the gluteal region, which he deemed to be an aneurism, but which proved on post mortem to be an encephaloid growth. The case which I have related possessed some additional difficulties, as there never was at any time either pulsation or thrill to guide one in forming an opinion. And I must confess that even if I had suspected its true nature I would have hesitated to proceed to tie the external iliac, the extreme measure which would have been necessary to cut off the blood supply to the part.

SHORT NOTES ON SURGICAL PRACTICE IN EUROPE AND AMERICA.

Read before the Victorian Branch of the British Medical Association.

By JAMES T. RUDALL, F.R.C.S.,

Hon. Oculist to the Victorian Asylum for the Blind, Melbourne.

(Continued from page 115.)

At the International Medical Congress, there was so much activity in the Ophthalmological Section, with which I was more particularly connected, and so many able papers and debates on important subjects, that I had but little time to observe what was going on elsewhere in the Congress. Glaucoma, Sympathetic Ophthalmitis, the Antiseptic Method in Ophthalmic Surgery, Optic Neuritis, the Relation between Ophthalmoscopic Conditions and Intracranial Disease, were each treated of by one or more men whose names are known to all who are familiar with ophthalmic literature. In this Section also a Committee was appointed to draw up recommendations as to tests of sight suitable to be enforced in the case of signallers and look-out men by land or sea, and on this Committee I was nominated to represent our colony. It is obviously desirable that at sea there should be standard colours, and also standard sizes of the signals employed by all nations. But this assumes a standard of acuity of vision and of colour perception in the observers. And as to rail-

ways, although in some countries the railway management has so far obstinately opposed efficient examination of their drivers and signal men, it is not unlikely that in future estimation of compensation to sufferers from railway accidents, the argument to the pocket will force upon railway authorities the necessity of taking those precautions which they ought before to have observed as a matter of duty to the travellers on their lines. It is, however, not generally absolute colour blindness which requires careful examination to guard against; that condition is probably a very rare one, but a diminished colour perception has been found to exist in about 4 per cent. of the male sex, and this condition, although the person affected may perhaps name correctly the strongly pronounced colours, becomes in certain states of atmosphere and illumination fraught with danger if he has to observe signals by land or sea.

At Guy's Hospital I saw some of Mr. Bryant's operations. He does not employ the Listerian system, but he maintains that he gets quite as good results as those who practice it. After stopping all arterial bleeding by torsion, Mr. Bryant washes out wounds with Iodine water, inserts drainage tubes and sutures, and covers the wounds with lint soaked in Terebene and oil, holes being cut in the lint for the drainage tubes. He made periosteal flaps in an amputation of the thigh, in order to obtain a smooth round end of bone, and in an excision of the head of the femur, by a single vertical incision, he left the trochanter, and used his double splint (for both legs), in order to ensure immobility. Torsion of arteries is a favourite practice at Guy's, but some of Mr. Bryant's colleagues follow Listerian antisepticism.

At St. Mark's Hospital, for diseases of the rectum, I saw several operations performed by my friend Mr. Allingham for fistula hæmorrhoids, &c. The operation with the ligature, the pile having been first dissected up from the bowel by the scissors, still remains the one most in vogue here, where the cases are very numerous. It appears from statistics that there is no safer operation of equal magnitude in the whole range of surgery, and when it is performed as at this hospital, and with full dilatation of the sphincter ani, the pain afterwards is rendered bearable by opiates given by the mouth or by hypodermic injection. Yet, I think, that the operation of crushing by the new instrument devised by Mr. H. Allingham is a valuable addition to our means of treatment, and I shall certainly be inclined to make trial of it in suitable cases. I have brought the instrument here for the inspection of our members. It is a great improvement in the crushing operation to have such an efficient instrument. One patient who had piles removed by it told me that he had no pain at all, but I observe that Mr. Allingham, in the fourth edition of his work on the Rectum which has just been issued, with characteristic caution, speaks of the merits of the operation as being still *sub judice*. When the elastic ligature was introduced into surgery, it was natural enough that its use should be thought of in some of those fistulae reaching high up in the rectum, where, on account of the danger from hæmorrhage, or other reasons, it seems desirable to avoid a cutting operation. Indeed, long before the time referred to, Mr. Luke had designed a tourniquet to tighten the ligature repeatedly as the latter became loose, so as to divide the parts included. Most of the difficulty in the use of the elastic ligature in such cases is now easily overcome by the use of Mr. Allingham's needle and soft metal rings to fix the ends of the ligature, instead of tying them in a knot. The ligature being introduced into the rectum, and the needle passed through the fistula, the ligature is caught in the hook of the needle, and the latter being withdrawn, one end of the ligature hangs out of the fistula and the other end out of the bowel. The ligature is then put sufficiently on the stretch, and its ends are fixed by the metal ring. Among the special hospitals which I visited in London, was the one for Diseases of the Throat and Ear, in Gray's Inn Road. Dr. Lewellin Thomas and Dr. Orwin have my thankful remembrance for their kindness in allowing me to witness their practice, and in explaining the methods of examination, &c., employed at the Hospital. They use there the lime light in examining both the throat and the ear. It gives a perfectly satisfactory illumination, yet I believe that before long the ingenuity of inventors will supply a small electric table lamp which will be superior in convenience and in quality of illumination, for examination of the ear, throat, eye, and larynx, to any light yet used. The ear and naso-pharynx have a close physiological relation, and consequently in aural practice the therapeutics of throat diseases takes no unimportant share. The state of the mucous membrane of the naso-pharynx and the condition of the tonsils are frequently observed to influence the hearing. Some years ago a somewhat acrimonious controversy took place as to whether enlarged tonsils

could or could not affect the hearing. Perhaps it has not been shown that the large tonsils often, if ever, grow upwards, so as mechanically to occlude the Eustachian tube. That they do, when enlarged, keep up an unhealthy and congested state of the mucous membrane, which in many instances is detrimental to hearing, is pretty generally admitted by all who are conversant with diseases of the ear. The operation of excising the tonsils is consequently of frequent occurrence in this hospital. The tonsil guillotine is quite discarded, and the tonsil is removed by means of a very simple Tonsillotome. The instrument is made in several sizes, and it consists of a cutting blade sliding in an aperture into which the tonsil is thrust by pressure from without, and the blade being pushed home, the portion of tonsil within the hollow of the instrument is cut off. The duty of the assistant is here essential to the effective performance of the operation, and I must confess that I do not perceive that the tonsillotome, though far preferable to the complicated guillotine, has any advantage over the vulsellum and probe-ended bistoury which I have employed for many years. The hooks of the vulsellum should not be very long, so that there may be no difficulty in opening the instrument in a small throat, and it is convenient to have a bistoury with a cutting edge of about an inch and a quarter only, like this one which was made for me long ago by Messrs. Weiss. In excising tonsils in this manner we do now and then see rather smart hæmorrhage for a few minutes, but I have never yet had a case which gave me real alarm.

CASE OF BELLADONNA POISONING.

Read before the N. S. Wales Branch of the British Medical Association,
By VINCENT MARANO, M.D.

Miss F. L., 18 years old, had been in the habit of taking occasionally some Extract of Belladonna, "to make her eyes appear bright." Between 3 and 4 p.m. of January the 31st she drank out of a bottle containing Extract of Belladonna and Glycerine at equal parts a quantity from a dessert to a tablespoonful. About an hour after taking the poison she felt giddy and unable to walk straight, her sight in the meanwhile getting altered, altogether feeling as if drunk. At my arrival she was laying on her bed, her face was flushed, eyeballs prominent, with pupils widely dilated and insensible to light; her skin was hot and dry, pulse over 110, regular, but rather weak. She had nearly lost the power of speech, and her ideas were incoherent, threw herself about, and did not recognise the persons about her. Her parents did not know when the symptoms had commenced, and only noticed her state by chance about half-an-hour before sending for me. An emetic had been given about two hours after taking the poison, and the patient vomited freely. I resolved to treat her with injections of Pilocarpin, but as I had not a solution of it ready, I gave her some Carbonate of Magnesia and some brandy, and went for the solution. Dr. Dixon, on behalf of whom I saw the patient in his absence, had the solution ready, and came with me to see the girl. At 8.15 p.m. I injected 1/5 grain of Pilocarpin (solution 1:60), and gave her a little brandy. I was unable to see her before 9 o'clock, when, finding her much in the same condition, I injected 1/4 grain Pilocarpin, and no improvement following, 20 minutes later another 1/4 of grain was administered in the same way. Shortly after this last injection the pulse became stronger and not so frequent, 85 to 90 beats per minute, pupils still dilated, no perspiration except some moisture of the palms of her hands; later on dribbling of saliva commenced. She could sit up on the bed, and recognised persons around her; talked as awaking from a sleep, to which she had strong tendency. The pulse having still improved by 10 o'clock, and her consciousness returning fast, I ordered some Spir. Am. Arom., gave the necessary directions to the assistant, and left. At 8 a.m. the following day the patient was quite well, having had a refreshing sleep, but the pupils were still dilated, for which I gave her some Tinct. of Opium.

Remarks: There was no perspiration following the injections, but simply some moisture of the palms of her hands and a scanty dribbling of saliva. There was an improvement in the pulse and mental state as soon as the dribbling commenced. The pupils did not contract.

NOTICES TO CORRESPONDENTS.

Articles, Letters, and all communications intended for publication, also Books for Review, to be addressed to "The Editor of The Australasian Medical Gazette, 35, Castlereagh-street, Sydney."

The Name and Address of the sender must accompany every communication, not necessarily for publication. Anonymous letters will not be noticed.

The Australasian Medical Gazette.

SYDNEY, AUGUST 15, 1882.

THE very elegant and eloquent speech read by the ARCHBISHOP at the Annual Commemoration of St. John's College, Sydney University, in favour of the study of the Greek language, will be perused with pleasure by all who appreciate the euphonious diction of one of the most accomplished orators who ever addressed an educated audience in Australia. In listening to the modulations of the voice, the well arranged sentences, and the artistic efforts with which the address teemed, the hearer was apt to be carried away by the oration rather than by the arguments contained. The ARCHBISHOP thought that the Grecian language ought to be thoroughly studied by most educated persons, because it was the best model—especially the orations of Demosthenes—upon which a young speaker should commence to form his style. He also considered it to be the outcome of the highest form of civilization which the world has ever known. We beg to differ somewhat from his Grace. We believe that were life prolonged from the threescore and ten years—which healthy adults may look forward to—to double or treble that time, we might devote ten years to acquire a thorough insight into the everyday occurrences of two thousand years back, and an intimate acquaintance with its elegiacs and hexametrical verse. The knowledge which this language was capable of giving expression to did not entail that of Geography far beyond the Mediterranean Sea, and one may imagine Botany, Geology, Astronomy, and Zoology were about on the same par, while all the new worlds which modern learning acquired by the microscope and other similar instruments has introduced to us was entirely deficient. In devoting so much time to this dead language, we would be acquiring an elegant national style, and becoming acquainted with some of the effete systems of modern philosophy, in many respects very absurd. The old French motto expresses our ideas on the subject, "le jeu ne vaut pas la chandelle." Still we think that the education of a gentleman and of a man of science would be incomplete without the Greek, not only for the reasons mentioned by his Grace, but also that many scientific terms in the English and other modern languages have their roots in this ancient mother of languages. We congratulate the Senate of the University of Sydney on their by-law requiring the medical student to spend the first of the five years' study required to acquire the M.B. and M.Ch. degrees in the acquisition of a certain standard of Greek amongst other subjects. It would be idle to attempt to learn Anatomy, Physiology, and most of the other branches required in the curriculum of a Medical Student at the Sydney University without some acquaintance with both the Greek and Latin languages.

THE MONTH.

Fiji.

THE Hon. Dr. W. McGregor, C.M.G., left Levuka for Sydney, en route for England, by the steamer "Gunga," on July 19th. Dr. McGregor has been Chief Medical Officer and Receiver-General of Fiji for seven years, and this term of service, superadded to his former labours at Seychelles and the Mauritius, has rendered a period of rest and change advisable. Prior to his departure from Fiji, Dr. McGregor was entertained, on the evening of July 15th, at a farewell banquet, at the Planters' Club Hotel, by which prominent residents of the colony showed their appreciation of his services, and he was assured that to no one arriving in the colony a heartier or sincerer welcome would be given than to him, should he choose to return and resume his duties.

NEW SOUTH WALES.

At a joint meeting of the Senate of the Sydney University and the Prince Alfred Hospital Board, held on August 8th, at the Royal Society's Hall, Sydney, the following appointments in the medical staff of the latter institution were made, viz.:—Honorary Physicians, Thomas Chambers, F.R.C.P. et R.C.S. Ed., M.R.C.S. E., and A. Shewen, M.D. Honorary Surgeons, G. Fortescue, M.B., and W. H. Goode, M.B. Honorary Ophthalmic Surgeon, Mr. Thomas Evans, M.R.C.S., Eng. Junior Honorary Physicians, G. Hurst, M.B., and A. M. Oram, M.D. Junior Honorary Surgeons, G. T. Hankins, M.R.C.S. Eng., and G. E. Twynam, M.R.C.S. Eng. Honorary Consulting Surgeon, A. Roberts, M.R.C.S.E.

A SPECIAL meeting of the Board of Directors of the Sydney Hospital was held on Thursday, August 3rd, in the Nightingale wing of the institution, for the purpose of electing four honorary physicians, four honorary surgeons, two honorary ophthalmic physicians, four honorary consulting physicians, three honorary consulting surgeons, and two district surgeons. For the four positions of honorary physicians there were seven applicants, out of which Drs. H. N. MacLaurin (18 votes), W. W. J. O'Reilly (15 votes), Craig Dixon (12 votes), George Renwick (10 votes) were elected. For the four positions of honorary surgeons there were also seven applicants, out of which Drs. H. J. Tarrant (17 votes), George Marshall (16 votes), M. W. Traill (14 votes), and A. J. Brady (10 votes) were elected. For the two positions of honorary ophthalmic surgeons there were five applicants, out of which Drs. Cecil Morgan (14 votes) and Thomas Evans (12 votes) were elected. Dr. Morgan will fill the position of senior honorary ophthalmic surgeon, Dr. Thomas Evans that of junior ophthalmic surgeon. On the motion of Canon Stephens, the retiring honorary consulting physicians, Drs. H. G. Alleyne, A. Renwick, F. H. Quaife, and J. C. Cox, were re-elected; as were also, upon the motion of the same gentlemen, the retiring honorary consulting surgeons, Drs. A. Roberts, P. S. Jones, and C. M'Kay. Drs. Wrigley and Day were elected district surgeons. On the motion of Mr. R. B. Smith, a vote of thanks was passed to the retiring medical and surgical officers for their meritorious services.

A NUMBER of applications for the appointment of Professor of Anatomy in connection with the Sydney University are now being received by the acting Dean of the Faculty of Medicine (Dr. A. Renwick) from candidates in England, and the necessary steps are being taken to obtain from home the apparatus, models, &c., for the new School of Medicine, which will be opened in March next, as originally intended.

A SUPPOSED case of variola was discovered at Waterloo, a suburb of Sydney, on July 26th, not far distant from a dwelling in which the disease existed at the time of the late epidemic. Though the Health Officer did not commit himself absolutely to a diagnosis of small-pox, yet it is believed to be undoubtedly a case of that dreaded disease, and for safety sake the patient was at once transferred to the Sanatorium, at Little Bay, and placed in charge of Dr. Lewers, the Resident Medical Officer. Thanks to the promptitude and energy displayed by the Health Officer (Dr. Mackellar), every precaution has been taken to prevent the further spread of the disease.

At the monthly meeting of the Linnean Society of N. S. Wales, held on Wednesday, July 26th, Dr. J. F. Ewan, of Wynyard Square, exhibited a sample of Nitrate of Uranium, also of Caffeine. Dr. Ewan gave an account of the preparation and characters of this drug, and remarked on its physiological action, it first producing spasm and then paralysis in dogs, rabbits, cats, birds, and fish; one grain injected into the vein of a small dog being sufficient to destroy life. He said that certain peculiar effects produced by taking strong coffee were attributable to the presence of a certain percentage of caffeine. Dr. Ewan also exhibited specimens of Citrate of Caffeine, and a large specimen of the gum resin of Eucalyptus globulus, from near Launceston, Tasmania.

DR. G. PROUDFOOT, late Resident Medical Officer at the Sydney Hospital, has commenced practice at Girilambone, a township on the road from Dubbo to Bourke, 430 miles west of Sydney.

DR. W. J. JACKSON, of Camden, has removed to Windsor.

DR. A. C. BROWNLESS, jun., late of Flemington, Victoria, has commenced practice at Nymagee.

DR. R. H. SYMES, of West Kempsey, has removed to Springsure, in Queensland.

DR. J. M. CREED, of Scone, being about to leave that district to practise his profession in Sydney, was presented by his friends, on July 21st, with a valuable gold watch, chain, and pendant, together with

an illuminated address, testifying to the respect and esteem entertained for him by the residents of Scone and district, where he has resided for the last fourteen years. He settled there on his arrival in the colony a complete stranger, and it says much that in little more than three years he was elected and sat as its representative in Parliament, from the general election in February, 1872, to the dissolution in December, 1874, when he did not seek re-election, finding the duties interfere too much with professional work. He has been a magistrate of the territory since 1870, and on the passing of the present Licensing Act was chosen by the election of his fellow magistrates, one of the Licensing Bench for the Scone district.

THE fourth general meeting of the Medical Section of the Royal Society was held on Friday evening, August 11th, in the Society's House, Elizabeth-street, Sydney. Drs. Deck, Schuette, and Brady read notes of cases occurring in their practice, which were of considerable interest, and called forth expressions of opinion from many of the members, of whom twenty-six were present.

AT a meeting of the Board of Directors of the Sydney Benevolent Asylum, held on August 8th, a committee was appointed to select a site for the proposed new Lying-in Hospital, in connection with the institution.

DR. W. G. TAYLER, late Hon. Surgeon to the Wagga Hospital, and formerly a member of the firm of Messrs. Tayler & Co., wholesale druggists in Sydney, has purchased the practice of Dr. A. A. West, at the Glebe, a suburb of Sydney.

NEW ZEALAND.

FROM the annual report of the Auckland Lunatic Asylum, by the Deputy Inspector, we learn that the number of inmates during the year 1881 was 253, being one more than during the previous year, and during the same period nine were discharged in excess of the number of the preceding year. The accommodation in the house is only for 157, while there are 253 crowded into it, 30 being in the chapel. The clerk has to sleep in his office, the head attendant in the superintendent's office, the cook in the pantry, six male attendants and laundress in patients' single rooms, while all the passages and day rooms are crowded with shakedown. There is a farm attached to the Asylum, the operations on which have been carried on steadily and satisfactorily, about 100 or so of the males generally assisting in out-door work. Of these, 30 usually work on the farm, 10 in the garden, 24 in the grounds, keeping them in order, 8 cutting firewood in the kitchen, and 26 in door-cleaning, bed-making, and helping in the wards. From 60 to 65 females work—20 in the laundry, 13 at needlework, and about 20 at general housework. In regard to the question of admission, the Deputy Inspector suggests that greater care should be taken in sending inmates to the asylum than has hitherto been done, as many patients are sent to asylums who ought not to be so sent, that their relatives may be relieved of the trouble and expense of keeping them at home, as stated by Dr. Young, the Medical Superintendent of the institution, who has performed his duties in a highly satisfactory manner.

AT a meeting of the Christchurch Board of Health, held on July 14th, the medical officer strongly recommended that the Order-in-Council *re* dairy inspection be amended so that it may no longer be necessary that the inspector should be a duly qualified medical man; also, to provide for a license fee. He also dilated at length on the unsatisfactory state of the law at present regarding vaccinating children attending public schools, and urged the Board to bring the matter under the notice of Government during the present session.

DR. H. K. MACLACHLAN has resigned his appointment as Honorary Assistant Surgeon to the Palmerston North Rifle Volunteers.

THE Cromwell District Hospital (Prov. Otago) was without a single patient at the end of July.

QUEENSLAND.

FROM the Annual Report of the Brisbane Hospital for Sick Children we learn that the number of patients treated during the past twelve months has been 47, being 4 short of the number passed through the previous year. The success in the treatment of these has been very satisfactory; 29 have left quite well, 5 much improved, and only 3 deaths have occurred; there were 10 patients remaining under treatment on June 30th. The Committee also express their sense of obligation to Drs. Concannon, Lyons, and Marks, for their great and continuous attention, and point out the testimony borne to their skill and care by the large proportion of patients discharged cured.

A CHEMIST's assistant at Brisbane has been charged with manslaughter, by causing the death of an infant by giving it oil of bitter almonds instead of sweet almond oil. The accused, who holds a chemist's certificate from the Queensland Medical Board, acknowledged that he did not know the difference between sweet oil and essential oil of bitter almonds, or that the latter was poisonous.

DR. N. J. KENNEDY, late of Charters Towers, has removed to Gayndah, the capital of the Burnett River District, about 300 miles north-west of Brisbane.

THE ordinary meeting of the Queensland Medical Society was held in the rooms of the Philosophical Society, Brisbane, on August 2nd, Dr. Bancroft being in the chair. The number of members was increased to twenty-three. The Council of the Society for the ensuing year was elected, viz.:—President, Dr. O'Doherty; Secretary and Treasurer, Dr. P. Smith; Members of Council, Drs. Bancroft, Taylor, and Thompson. The annual subscription was fixed at two guineas for town members, and one guinea for country members. It was also agreed to hold a special meeting in a fortnight, with the view of completing the by-laws of the society.

DR. SUGDEN, medical officer to the Maryborough Hospital, reports that during the year ending June 30th, the number of indoor patients was 393, of these 58 were cases of typhoid. The death-rate among Europeans was 2.27 per cent., whilst with Polynesians it had been 42.75 per cent.

DR. H. W. SWAYNE, for the last two years medical officer to the Springsure Hospital, intends to settle at Mackay.

THE Committee of the Maryborough Hospital have taken steps to secure a site of 14 acres, in view of the probability of the removal of the hospital at some distant date.

DR. EDWARD O'DOHERTY has commenced practice in Brisbane, in conjunction with his father, the Hon. Dr. K. I. O'Doherty.

SOUTH AUSTRALIA.

DR. STIRTING has suggested to the Council of the University that at the end of term, instead of lecturing to a whole class on physiology, he might select the 10 most intelligent pupils, to whom he would give practical instruction in microscopy and physiological chemistry. The suggestion was adopted.

A COTTAGE hospital will shortly be erected at Jamestown, one of the largest and most centrally situated towns in the Northern Areas; the Government has promised to grant a sum of £1000 towards the building fund.

DURING the year, ending June 30th, 402 patients were received into the Adelaide Convalescent Hospital.

DR. W. E. LE F. HEARN, late resident surgeon at the Inglewood Hospital, Victoria, is now practising at Robe, a picturesque seaport 195 miles S.E. of Adelaide; his name has been added to the Commission of the Peace.

TASMANIA.

It is in contemplation to open a home for Trained Nurses in Hobart, similar to institutions of the kind in England, from which a competent nurse may be obtained in town for day or night nursing, or may be sent to any part of the country on the shortest possible notice.

WHILST the item of Grants to Charitable Institutions was being discussed in the House of Assembly on July 28, Dr. E. L. Crowther, M.H.A., said that he would like to see Cottage Hospitals established throughout the colony; they would be of great value to professional men, especially if nurses were ready to assist them in cases of injury. He was sure that great loss of life would be prevented if medical men could place patients in a clean dwelling and attend to them, and he hoped that next session a sum would be placed on the estimates for such a purpose.

VICTORIA.

WE very much regret to learn of a serious accident that happened on the morning of August 15th to Dr. J. E. Neild, late President, and now Hon. Sec. to the Victorian Branch B. M. A. Dr. Neild, together with Mr. Chandler, the district coroner, were driving to Healesville to make a *post mortem examination* and hold an inquest at Yarra Flats, but had gone about a mile when the horse bolted and the two gentlemen were thrown out violently. Dr. Neild was thrown on his head, and sustained concussion of the brain and it is believed other serious injuries. Mr. Chandler was also seriously injured. Both gentlemen were conveyed back to town immediately. We are sure Dr. Neild's many friends will be greatly relieved to hear that the doctor is progressing as favourably as can be expected, considering the severe shock to his system. Mr. Chandler is scarcely so well.

THE question of the advisability to appoint a Chloroformist to the Melbourne Hospital was again brought under the notice of the Committee at their meeting held on July 18th. Dr. J. P. Ryan wrote stating that in the opinion of the honorary medical staff no necessity existed for the appointment of a chloroformist. In this opinion Dr. Robertson and Mr. James concurred, whilst Drs. Moloney and Williams, Messrs. Howitt, Fitzgerald, and Beane advised the appointment of a chloroformist. The resident medical superintendent (Mr. H. L. Miller), was called in, and in reply to the committee he stated that he did not think such an appointment necessary, inasmuch as they always had plenty of assistance in the hospital to administer chloroform. After a slight discussion, the further consideration of the subject was postponed for one month.

THE Pathological specimens in the Melbourne Hospital have been transferred to the University Medical School.

THE foundation-stone of the Melbourne Homœopathic Hospital, to be erected on the south side of the Yarra, on the St. Kilda-road, between the Immigrants' Home and the Military Barracks, was laid on Wednesday, July 26th, by his Excellency the Governor, who also opened the bazaar in aid of the funds of the hospital at a later hour, Lady Normanby being unable to do so. Speaking at the bazaar, the Governor said that although he was not a homœopath, he thought it only proper that people should have a choice of treatment. The cost of the building when completed will be £10,000, and it provides accommodation for 100 patients.

The Austin Hospital for Incurables at Heidelberg-road was formally opened by the Mayor of Melbourne on August 14th, the birthday of Mrs. Austin, the founder of the institution.

THE number of persons prescribed for at the Collingwood Free Medical Mission Dispensary for the month of June was 784, and for the six months ending June 30, 4,224.

At a dinner given in Melbourne on Saturday, July 29th, by Dr. Beane, to the medical students on the occasion of the presentation of the prizes won at the medical school sports, Dr. Brownless, the Vice-Chancellor, in responding to the toast of the Melbourne University, referred to the criticisms in the Melbourne Press as to the refusal of the Melbourne University to recognise the medical diploma in Sydney University, as untruthful. There was, he said, no medical school in the Sydney University, for they had no examiners there who could be called such. The examiners should also be teachers, and that was not the case with the University of the sister colony.

THE seventeenth annual meeting of the Victorian Medical Benevolent Association was held on Wednesday, the 26th July, in the hall of the Medical Society. Mr. Gillbee, the president, occupied the chair. The business consisted of the consideration of the report of the committee, the cash account of the treasurer, and the election of office-bearers for the ensuing year. The report showed a diminution in the number of applications for relief, and a consequent balance of receipts over disbursements. The permanent fund was stated to have reached nearly £1,500. The election of office-bearers resulted as follows:—President, Mr. Gillbee; vice-presidents, Dr. Jonasson and Mr. Rudall; treasurer, Dr. Cutts; hon. secretaries, Dr. Neild and Dr. Graham; members of the committee, Mr. Gray, Dr. McMillan, Dr. J. P. Ryan, and Dr. Jamieson; auditors, Dr. Browning and Dr. Le Fevre. The trustees remained the same, namely—Dr. Cutts, Mr. Fitzgerald, and Mr. Gillbee.

AN accident happened to Dr. Frank Haley, of Chiltern, on July 17th, whilst he was driving home from Barnawartha. It appears that his horse and buggy must have run against the Frying Creek bridge. The doctor himself was stunned, and for a time unconscious. He was removed to Chiltern, and a message sent to Dr. Duncan, of Albury, who attended to the sufferer. No serious results are anticipated.

DR. W. GREGORY, late of Rockhampton, Qu., has commenced practice at Ballarat.

At a recent meeting of the Committee of the Ballarat Hospital, Dr. Pinnock, by request of some gentlemen in Wilcannia, N.S.W., drew attention to an advertisement in the *Wilcannia Times*, by which a Mr. H. C. Armstrong advertised himself as "a dispensing, consulting, and operative chemist, formerly chief medical dispenser and acting assistant surgeon to the Ballarat Hospital," and he now wished to know from the committee whether the person alluded to as advertising had ever had any surgical experience. In reply, Dr. Pinnock was authorised to inform his correspondents that Mr. Armstrong had held the position of ordinary dispenser at the hospital some years ago, but had never held any such position as "acting assistant surgeon."

PROCEEDINGS OF COLONIAL MEDICAL BOARDS.

The following gentlemen having presented their diplomas, were duly registered as legally qualified Medical Practitioners by the respective Boards:—

NEW SOUTH WALES.

Rorke, Charles, L.K.Q.C.P., Ireland, 1879; L.R.C.S., Ireland, 1878.
Muskett, Philip Edward, L.R.C.P., et R.C.S., Edinburgh, 1880.
Stanton, Thomas, M.B. Trin. Coll., Dublin, 1881; L.R.C.S., Ireland, 1880.
Megginson, Archibald Megget, M.B. et C.M., Edinburgh, 1878.
Walker, Hugh Eccles, L.S.A., London, et M.R.C.S., England, 1870.
Casement, Brabazon Newcomen, M.B., Dublin, 1877; L.A.H., Dublin, 1878; M.R.C.S., England, 1878.
Chambers, Thomas, L., 1860; M., 1871; F., 1875; R.C.P., Edinburgh; M.R.C.S., England, 1858; F.R.C.S., Edinburgh, 1867.
Ashe, William Conyngham, L.R.C.S., Ireland, 1879.
Brownless, Anthony Colling, M.B. et Ch. B., Melbourne, 1881.

NEW ZEALAND.

Bedford, Robert, L.R.C.P., London, et M.R.C.S.E., 1878.
Hutchinson, Francis Blake, L.R.C.P., Edinburgh; M.R.C.S.E.
Parkinson, Richard Colville, M.R.C.S.E., L. et Mid. K.Q.C.P., Ireland.
McLeod, John, M.D. et Ch.M., Montreal, Canada, and Glasgow.
Partridge, William Strowd, L.S.A., London, 1881.

QUEENSLAND.

Anderson, Eugene Wilton, M.B. Melb. 1881.
O'Connor, David Watkins, L.R.C.P. et R.C.S. Ed., 1871.
O'Doherty, Edward, L.K.Q.C.P. et R.C.S., Ireland, 1882.
O'Reilly, Archibald Thomas, M.R.C.S.E., 1881.

SOUTH AUSTRALIA.

Allwork, F., Surgeon.
Poulton, Benjamin, M.B. et Ch.B., Melbourne; M.R.C.S.E.

TASMANIA.

Graham, Albert William, L.R.C.P., London, L.S.A., London, 1879.

VICTORIA.

Gregory, William, L. et L., Mid., R.C.S. et R.C.P., Edinburgh, 1869; M.B., Aberdeen, 1873; M.D., Aberdeen, 1881; F.R.C.S., Edinburgh, 1881.
Burton, William Henry, L.R.C.P., London, 1879; M.R.C.S., England, 1881; M.D., Toronto, Canada.
Mountain, William John, M.R.C.S., England, 1865.
Ford, William Henry, L.S.A., London, 1882.
Rose, James Marmaduke, M.B. et Ch.M., Edinburgh, 1880.
Connor, Samuel, M.D., Univ. Ireland, 1881.

Additional Qualifications Registered:—
Loughrey, Thomas, Ch.B., Melb. Univ., 1882.
Syme, George Adlington, Ch.B., Melb. Univ., 1882.

MEDICAL APPOINTMENTS.

Byrne, William Samuel Octavius, B.A., M.B. et Ch.B. Dub., appointed Medical Superintendent of Prince Alfred Hospital, Sydney.
Clark, Charles Alfred Dagnall, M.B. et L.R.C.P. Lond., M.R.C.S. Eng., appointed Assistant Resident Medical Officer to the Prince Alfred Hospital, Sydney.
Day, Henry, M.R.C.S.E., appointed District Surgeon to the Sydney Hospital.
Fussell, Ernest, L.S.A. Lond., to be a Public Vaccinator for the Christchurch district, N.Z.
Hillas, Thomas, M.R.C.S. Eng., elected Honorary Medical Officer to the Wagga Wagga Hospital, N.S.W.
Hoets, Alton Kingsley, M.R.C.S.E., L.S.A. Lond., appointed Public Vaccinator for the district of Burrowa, N.S.W.
Koch, Edward Albert, M.D. et Ch.D. Kiel, appointed Health and Government Medical Officer at Cairns, Qu.
Mackellar, Charles Kinnaird, M.B. et Ch.M. Glas., of Sydney, appointed Medical Adviser to the N.S.W. Government, Health and Immigration Officer for Port Jackson, Chairman of the Immigration Board, and a member of the Official Board of Visitors to the Hospitals for the Insane, vice Dr. H. G. Alleyne, retired.
Maxton, Laurence, L.R.C.P. et R.C.S. Edin., to be Government Medical Officer at Charters Towers, Qu., vice Dr. N. Kennedy, resigned.
Newman, Fossey James, M.B. et Ch.B. Melb., appointed Resident Medical Officer at the Geelong Hospital, Vic.
Pentland, Alexander, M.B. Dub., L.R.C.S.I., to be Public Vaccinator at Port Lincoln, S.A.
Piercy, Ellis S., M.D. New York, elected Honorary Medical Officer to the Wagga Wagga Hospital, N.S.W.
Ray, William Robert, M.D. Boston, elected Hon. Medical Officer to the Melbourne Homœopathic Hospital.
Reed, James, M.R.C.S.E., L.S.A. Lond., to be a Public Vaccinator for the Porangahau district, N.Z.
Rooke, Charles, M.R.C.S.E., appointed Health Officer, and Medical Officer to the Police and Gaols for the district of West Devon, Tasmania.
Rose, James Marmaduke, M.B. et Ch.M. Ed., to be Public Vaccinator for West Melbourne, vice Dr. R. Knaggs, resigned.
Shaw, Alfred, L.R.C.P. Ed., L.R.C.S.I., L.S.A. Lond., appointed Public Vaccinator at Lillimur North, Vic.
Symes, Richard Henry, L.K.Q.C.P. Irel., L.R.C.S. Irel., appointed Medical Officer to the Springsure Hospital, Queensland.
Wrigley, Frederick Hamilton, L.R.C.S. Ed., L.A.H. Dub., appointed District Surgeon to the Sydney Hospital.

ASSOCIATION INTELLIGENCE.

VICTORIAN BRANCH:—ANNUAL MEETING.

The third annual meeting of the Victorian branch of the British Medical Association was held on July 28th in the hall of the Royal Society, Melbourne, the President for the year 1881, Dr. Neild, in the chair. The first business was the consideration of the report of the Council for the past year, which the Hon. Secretary, Dr. L. Henry, read as follows:—

THE ANNUAL REPORT.

Your Council has great pleasure in being able to report the steady growth and flourishing condition of the branch, which now numbers 93 members. The "Australasian Medical Gazette," under the very able editorship of Dr. Milford, has thoroughly reached and maintained the high standard demanded of it, while its circulation has exceeded the expectations of its energetic and persevering publisher, Mr. Bruck. The success and general support given to the "Gazette" have, we believe, materially aided in drawing us to a closer and more intimate relationship with our colleagues in the adjacent colonies; while it has assisted to an exchange of opinion and advocacy of subjects of mutual interest. The column of medical appointments has been found an invaluable addition, and we are quite prepared to believe that the present management will not relax their efforts in the future. In connection with public health, the subject of vaccination has been exhaustively dealt with during a period when the public mind was agitated by the fear of the spreading of small-pox from New South Wales to Victoria. The publicity given to the report of the meeting in the daily press, containing as it did the opinions of men of exceptional experience, without doubt materially assisted in calming the general alarm. In selecting papers for meetings your Council has endeavoured to choose those of a similar nature, so as to elicit the most varied expressions of opinion. So, for example, one meeting was entirely devoted to the vaccination question, another to the subject of hydatids, a third to cases of intestinal obstruction, and a fourth to the grievances of the profession. In reference to the last matter, the most important point was the inadequate remuneration of medical witnesses in police and other Government cases. The following is a summary of the points raised:—1. The police are in the habit of bringing persons to medical men for examination, and of refusing to pay for such services. 2. There is no regular system of payment of the fees for the examination of alleged lunatics. 3. Where medical men decline to certify to the insanity of an alleged lunatic, the fee is always refused. 4. The fee of one guinea for lunacy certificates, considering the responsibility involved, is too small. 5. The fee of £1 per diem for attendance at the Supreme Court is too small, bearing in mind the almost invariable loss which results from such attendance. 6. The allowance of 1s. per mile for travelling expenses is ludicrously disproportionate to the actual cost incurred. 7. In civil cases, even where adequate fees are set down by the solicitor, they are reduced by the taxing officer. It was decided to petition Government on these points, and in order to bring the full weight of our profession to bear, we invited the committee of the Medical Society to meet us in conference, so as to draw up a conjoint report, which should be representative of the rightful wants of the medical profession. This conference was held in the hall of the Royal Society, on the 25th of February of this year. It was then decided that arrangements should be made for a deputation to wait on the Government. The Government have recently, however, in a formal reply refused to entertain this matter during the present session. The review and consideration of our health laws have been brought under our notice by Dr. Carstairs, but further action is paralysed by the refusal of the Government to allow a perusal of the Amended Health Act. The obituary of the year includes the death of Dr. Dempster, a long established practitioner in Victoria. We have been able at the seven meetings held during the past year to place on the table exhibits of the latest inventions in surgical instruments, and the newest discoveries in drugs, thereby endeavouring to render each meeting as attractive as possible. Particular thanks and praise are due to the firms of Messrs. Mayer and Meltzer, and Mr. Francis for their display. We have again to thank Sir Ferdinand Baron von Mueller for the addition of some valuable works and periodicals to our library. There have been seven ordinary meetings during the year. The following papers were read:—1. "On some Aspects of Vaccination," by Dr. Jamieson. 2. "On the Vaccination Question," by Dr. Henry. 3. "A Case of Transverse Compound

Fracture of the Patella," by Dr. O'Hara. 4. "Some Notes on Disinfectants," by Dr. Jamieson. 5. "A Case of Unruptured Hydatid Cysts discharged per anum," by Dr. Harricks. 6. "On a Case of Hydatids," by Dr. Whitcomb. 7. Report of the Council on the Inadequate Remuneration of Medical Witnesses in Police and other Government Cases. 8. "Hæmatemesis Neonatorum," by Dr. Adam. 9. "The Lunacy Question in its Public and Medical Bearings, with special reference to the case of Smith v. Iffa," by Dr. Lucas. 10. "Two cases of Intestinal Obstruction," by Dr. Henry. 11. "On Intestinal Obstruction," by Dr. M'Crea. 12. "Our Health Laws, with regard to the Provisions for the Arrest of Contagious Diseases in the Colony." 13. "Short Notes on Surgical Practice in Europe and America," in two papers, by Mr. Rudall.

The Treasurer, Dr. Cutts, then submitted his statement, from which it appeared that the income from entrance fees and subscriptions had been £113 19s. 4d., and the disbursements (including payment for the *British Medical Journal*, which is supplied to every member), £112 19s., leaving a balance of £1 0s. 4d. The report and cash-statement were adopted.

The election of office-bearers for the ensuing year then took place, with the following result:—President, Dr. M'Millan; Vice-president, Dr. Graham; Treasurer, Dr. Cutts; Honorary Secretary, Dr. Neild; Members of Council, Dr. Browning, Mr. Gillbee, Dr. Morrison, Mr. Rudall, Dr. L. Henry, and Dr. Wilmott; Auditors, Dr. Haig and Mr. W. Barker.

The newly elected President then took the chair, and the retiring President, Dr. Neild, read the following

PRESIDENTIAL ADDRESS.

On the termination of my year of office of President of the Victorian Branch of the British Medical Association, I am glad to be able to congratulate you on the steady success of the movement we made three years ago, to extend to this part of the world the organisation which, more completely than any previous fusing together of the elements of the medical profession, has consolidated it into a scientific fraternity. We have steadily increased in numbers; we have practically demonstrated our usefulness; we have caused our example to be followed in the other colonies, and we have established a monthly publication, which accurately records our doings and truthfully advocates our interests. We have endeavoured, and not without success, to promote union and good fellowship among those of our common calling, and we trust we have prompted some members of it to make efforts in the way of improvement, which has been both good for themselves as individuals, and profitable to others engaged in similar pursuits. And I may take this opportunity of saying that we have no antagonisms. On the broad ground of scientific inquiry, there need be no antagonisms and no enmities. We are engaged in a purpose common to all the world of medicine, and we are not conscious of any feeling which is unfriendly, nor any aspiration which is not progressive. Of ourselves, as a local body, the history during the year is of steady advancement. We are, as I have said, numerically stronger; we have added something to the common sum of medical knowledge; and we have endeavoured to redress some grievances, of which there has been reason to complain. Naturally, also, we have taken an interest in what has been passing around us. Those institutions in which the medical profession is particularly interested, and those conditions of the public health, which demand medical investigation and control, have claimed of us and have properly received our careful attention. During the past year the colony has been visited by small-pox, and the disease has happily been suppressed, but in the course of the visitation there have occurred many incidents full of material for thoughtful reflection. So far as the Government has been concerned, it cannot be said that they have neglected any possible means, nor grudged any reasonable outlay, necessary for preventing the disease becoming epidemic among us. If it has happened that they could not command the most efficient materials for arresting the incursion, it was not their fault. They were ready to accept, and properly to recognise, the best available skill, and to be advised by those whose counsel had the chiefest warrant of recommendation. They did the best they could, and as the means adopted, however they may have been questioned, resulted in freeing the country from a possible scourge, the controversy as to their efficiency may reasonably be said to be at an end. But the colony may certainly felicitate itself upon the reassuring fact that the law had made vaccination compulsory. Without entering into particulars, we may very profitably contrast our own condition with that of New South Wales, where vaccination is not compulsory, in which an invasion of small-pox was not beaten down until after a sacrifice of life very much greater than that which

happened in Victoria. Very necessarily the importation of this disease into our own colony imparted considerable activity to the practice of vaccination, and almost as a matter of course, it revived that prejudice against it which is found to exist in the minds of a certain impracticable section of society. With objectors of this kind it is waste time to argue. They are wilfully ignorant of the history of the disease, and wantonly unresponsive of the remarkable testimony which an overwhelming array of facts in favour of the blessings of vaccination supplies. They are actuated only by a blind prejudice encouraged by a baseless terror of visionary evils. Coincidentally with this feeling, however, there has grown up another apprehension, that humanised vaccine lymph has lost its prophylactic potency, and that a return to the lymph obtained direct from the cow is the only sure means of obtaining protection from small-pox. I have considered carefully the evidence given in favour of the alleged relative protective superiority of "calf lymph," and I cannot discover any reason for believing that humanised lymph has ceased to possess the value so long assigned to it, nor that calf-lymph has an advantage over it. As, however, a good deal of preference, in obedience to a fostered prejudice, has been expressed for vaccination direct from the cow, and as measures have been adopted for facilitating this kind of vaccination, there is no objection to the popular preference being humoured. The advantage, however, of calf-lymph vaccination over humanised lymph I believe to be wholly imaginary. It is not from the purpose to remark that in connexion with this subject it is not reassuring to find that a non-medical person has been recognised by medical men as eligible for a duty which the law specially delegates to legally qualified medical practitioners. And this mention of illegal practice makes opportune the further mention of the extraordinary prevalence of illegitimate medicine throughout this colony. We have for many years endeavoured to obtain an Amended Medical Act. The Medical Practitioners' Act, as it now exists, is completely inoperative in the prevention of quackery, and, as a consequence, quackery thrives unchecked. A judicial decision two years ago declared thus much, so that now there is virtually no hindrance to any person who desires to thrive upon the credulity of the public, where medical practice is concerned. It is, however, understood that the act exercises a kind of inhibition in respect of certain titles, and so we find the charlatans, who veritably swarm in this city, calling themselves variously "healers," "herbalists," "psychopathologists," "electro-chemical homœopaths," "professors," "psychopathic practitioners," "prescribing chemists," "baunscheidists," "operating electricians," "magnetists," and the like. Some without adopting any appellation, recapitulate the list of diseases they are prepared to cure. Others have gone from house to house with samples of their medicines, and clumsily framed stories of the wonders they had achieved, and the still greater wonders they were about to accomplish. Of the specifics announced there is no end, and the specific-mongers appear altogether to have a profitable time of it. Nothing is too incredible for them to propose, and the more incredible, the more readily are they believed. Two of these impostors lately came under the notice of the police, and they were subsequently tried in the Supreme Court for obtaining money under false pretences. But the presiding judge said their offence was a venial one, and in consequence their punishment was nominal. The same leniency always happens in the police courts, where offenders of this description are either dismissed without any punishment at all, or let off with a trifling fine. Chinamen, Indians, and American pretenders are in great request, and persons otherwise intelligent give them profitable encouragement. It is no wonder, therefore, that we find a difficulty in obtaining an Amended Medical Act. For the last twelve years we have been endeavouring to obtain such amendment, but without effect, and at this moment the medical profession is the least regarded interest in Victoria. The anxiety we exhibit in respect of this legislation is regarded as solely on account of our own material interest, and not because of the outer public, who are in reality much more closely concerned in the amendment of the statute than we ourselves are. Judging from the number of announcements in the newspapers there would appear to be a consuming desire on the part of quite a large section of society to benefit mankind, and the enumeration of the diseases they are prepared to cure at a moment's notice is curiously interesting. If the absolutely ignorant only were practised upon by these self-qualified persons, one need not wonder; for the more confident the assurance, the more ready is the belief in the minds of those who trust these charlatans. But there are many of them well received into quite select society, and even public bodies and very eminent persons vouchsafe them certificates validating their competence. But as the

history of imposture in all ages of the world is confirmatory of the success upon which quackery may always calculate, the thriving condition of charlatanism in this quarter of the world is no exception to a very general rule. The affairs of the chief medical charity in the colony, meaning the Melbourne Hospital, have claimed the attention of the profession a good deal during the past year, most chiefly the question of how far the alleged neglect of certain sanitary precautions explained the frequent presence of a particular disease, namely, erysipelas. The city coroner, Dr. Youl, declared that the germ-agencies of causation of this affection had been allowed to accumulate in the hospital to such an extent, as to render operative procedure and accidents, with exposed solutions of continuity, a risk. Thereupon there ensued a discussion, which came to be characterised by a good deal of unnecessary acrimony. For the coroner could not but be supposed to be actuated by a regard for the interest of the hospital, and, after all, the test of his correctness was easy enough. With respect to what are called "disinfectants" in the general, there may indeed be room for a wide margin of opinion, but it is at any rate tolerably certain that the precautionary method known as "Listerism" diminishes the danger in operations, and if Dr. Youl's remarks have caused a more general attention to be paid to the practice, he will not have spoken in vain, and he himself will not regard too nicely the animadversions his comments evoked. And with reference to the remarks of Dr. Youl, relating to the possible necessity of pulling down the Melbourne Hospital, in order quite to destroy all the infective germs, I feel satisfied that not only for that reason, but for others which are obvious, such a course will, at no remote date have to be adopted. I confess that I have been much impressed with the proposition offered by Professor Elkington, in a letter to *The Argus*, in Thursday's issue, wherein he shows the advantage from every point of view, of rebuilding the hospital, according to the better methods which recent experience has disclosed, upon the larger site west of the University, and I trust that letter will engage the most serious attention, not only of the hospital committee, but of the general public and the municipal authorities. In like manner the attention called by the president of the hospital, Mr. Gillbee, to the excessive use of stimulants may not have been without its advantages. It is possible that he may, to some extent, have over-stated the excess; but it is at least clear that the attention he so called, and which occasioned so animated a rejoinder, was followed by a considerable reduction in the consumption of stimulants—an indirect admission, I think, of the correctness of his views. An attempt was made to raise some excitement over the performance of *post-mortem* examinations in this institution, and certain members of the committee injudiciously lent their countenance to this outcry. They appeared to forget—or probably, rather, they never were aware—that the study of disease is most completely pursued in the dead-house, and that the progress of medicine is intimately associated with practical pathology. Such persons are among the first to blame a medical man for any errors he may commit in the practice of his profession, and they are equally ready to place hindrances in his way to prevent him acquiring, by the inspection of diseased structures, that sort of information which cannot be derived from description, however accurate. The same reluctance to grant facilities for practical study is constantly shown in the obstacles thrown in the way of obtaining bodies for the purpose of anatomical teaching. Nothing but the crassest ignorance of the nature of medical science, could prompt resistance of this kind. And incidentally it may be remarked that the least that could be expected from those whose friends avail themselves of the gratuitous benefits of charitable institutions is to permit an after-death inspection in the interests of those sciences which it is one of the objects of public hospitals to subserve. It is gratifying to be able to record the steady progress of the medical school at the University. The students in this department now represent considerably more than half of all the students of the whole University, and those who have completed their studies, and who are now in practice, do credit to the education they there received. During the present year several important changes have taken place in the teaching staff of the school. Dr. Allen has been appointed lecturer on anatomy and pathology, and Dr. Halford now lectures exclusively on physiology. Dr. Bird has succeeded to Dr. James Robertson as lecturer on the practice of medicine, and Dr. Williams has taken Dr. Bird's place as lecturer on materia medica. The project of a physiological laboratory, however, is as yet not carried out, the estimated cost—about £9,000—being the substantial deterrent with the council. Considering the vital importance of practical physiological teaching, however, it is in every way to be regretted that the school has not been rendered complete by this

addition. And I would take occasion to remark that while bequests and gifts are happily becoming not infrequent to educational institutions, such liberality seems always to stay its hand when it reaches near to medical interests. I am unable to point to any donation ever made to the University or to the medical profession in the colony, in furtherance of the advancement of medical science, other than a comparatively small sum granted by the Government some few years ago to enable Professor Halford to carry out some physiological experiments. Among the medical institutions established during the year is that of a hospital for incurables, by the munificence of Mrs. Austin, whose name will thereby be held in continual and grateful remembrance; and a general dispensary at Richmond, which latter institution is due considerably, if not solely, to the persistent energy and perseverance of Dr. Graham, whose example it would be well to follow in every other suburb of Melbourne, both for the immediate advantages thereby resulting, and for the indirect relief which would accrue to the Melbourne Hospital. A contagious diseases hospital is still a desideratum, and when any Government shall be strong enough to put down its foot where it intends it shall stay, we shall possess such a means of housing a class of cases for which, at present, as we have recently seen by a particular example, there is no adequate provision. Speaking for the future, there are many important subjects which may advantageously occupy our attention in the year ensuing. An Amended Medical Act, an Amended Lunacy Act, an Amended Health Act, a really efficient Inebriate Act, an alteration in the rate of remuneration for medical services rendered to the state, an alteration in the mode of election of the medical staff of hospitals, and some modification in the relation of the medical profession to friendly societies, are all matters which may properly engage us. Of subjects purely scientific we may confidently hope that there will be a good supply for discussion at our meetings. The experience of every medical man, however limited, will furnish him with material for occasional presentation, and I would here take occasion to say that it is not always necessary to write a paper in order to present an interesting subject for discussion, for I have known some of the most profitable discussions to arise out of papers that as essays were comparatively unimportant. With regard to what is doing on the other side of the world, the progress of medical science was never so apparent as at the present time. The researches of such laborious workers as Huxley, Pasteur, Koch, and Virchow appear to be leading us into realms of knowledge the extent of which cannot be measured, and the practical value of which is incalculable. They are helping us to get at the essential causes of disease processes. As was well expressed by Pasteur, at the International Medical Congress, held in London last year—"Disease is no longer spiritualised; it is a material entity; a real living thing; a cellular change." And just in proportion as we acquire an exact comprehension of the mode in which disease is germinated, so shall we learn the conditions which favour it, and inferentially the method of preventing disease. It is in this practical direction that the scientific workers in the field of pathology are extending their operations, and if but Government will second their efforts, we may look for a complete revolution in treatment during the next few years. The reproach that medicine is a non-progressive science was never at any time deserved, but it could not possibly be uttered now save by those who are ignorant of what is passing in the scientific world. Medical literature teems with important discoveries and the serial publications, to which additions are continually made, represent such a mass of information that it is impossible even by those who devote themselves wholly to the study of medicine, to keep pace with what is placed on record. There never was a time when the old dogmas of science were more rigidly scrutinised, and when found unworthy of credence, rejected. Truth is sought for persistently, laboriously, and for the most part dispassionately. There are indeed still remaining examples of that class of philosophers who argue only for victory and not for truth; but they are by comparison few, and probably the greater frequency with which science-workers come together is the explanation of this better feeling and this higher purpose. Geographical separations offer no hindrance to the assembling together of those who are engaged in a common calling. The International Medical Congress (in which we, as an association, were so honourably represented by Mr. Rudall, a gentleman of whom we have all just reason to be proud) was an example of this wonderful facility with which scientific men now come together from long distances. A century ago they made known their discoveries in Latin treatises, which might by chance reach those to whom they were interesting; but now, no sooner is a new truth demonstrated, than it is at once disseminated all the world over, and

a special advantage of this larger and speedier diffusion of discoveries is that they are examined and questioned and corrected if inexact, or at once adopted and put in practice if found to abide the tests to which they are submitted. It is thus that on this side of the world we are conscious of no real isolation from our fellow-workers in the other hemisphere. We feel that we are not working in ignorance of what they are doing, but that we virtually conduct our operations side by side with them. If we have the will, we may keep ourselves completely informed of all that they are doing, and the emulation which the possession of this current knowledge is capable of prompting cannot but bring forth valuable results. So that whether it be in the investigation of disease germs, the improvement of operative procedure, the better method of diagnosis in medicine and surgery, the investigation of new therapeutic agents and surgical appliances, we need not at any time lag behind in the possession of these accumulating treasures of knowledge. And the great improvement in the dissemination of information professionally interesting to us, has the coincident effect of making us more completely members of the same brotherhood. It is not to be expected this side of the millennium, that human nature will ever be so completely subordinated to the calm rule of science as that there will cease to be occasional distrust, jealousy, and dislike, but it is not saying too much to assert that at the present day medical men all over the world go more sincerely hand in hand than ever they did. There is a better recognition of the grandeur of the calling to which they belong, and of its higher responsibilities and its benevolent uses. Because it is a means to live, it is not forgotten that it is also a means whereby the world may be rendered physically a great deal happier, and by consequence, morally better. It is with this end principally in view that societies such as ours are called into existence. They have other uses, of course, one being to bring us more frequently together, and to enable us to exchange ideas more conveniently. But I am sure that there is in the mind even of the least enthusiastic of our order a consciousness that the collective mission of the great brotherhood of medicine is to do good to our fellow creatures, and with this feeling in my mind, I hope earnestly for the prosperity and steady progress of the Victorian Branch of the British Medical Association."

The following votes of thanks were then passed: To the Council of the Royal Society, for the gratuitous use of the Hall; to the late Honorary Secretary, Dr. Henry, for his efficient services since the formation of the Branch; to the ex-President, Dr. Neild. Champagne was then placed on the table, and the following toasts were proposed and duly responded to: The President, by Dr. Neild; The ex-President, by Mr. Gillbee; The ex-Honorary Secretary, by Dr. Neild; Mr. Gillbee, by Dr. Henry. The toast of The Editors of the Australasian Medical Gazette was also very cordially drunk, and much complimentary allusion was made to the success with which they had carried that publication through the first year of its existence.

Several other toasts followed, and the remainder of the evening was spent very pleasantly.

SOUTH AUSTRALIAN BRANCH.—ANNUAL MEETING.

Held in the Board-room of the Adelaide Hospital, June 29th, 1882.

Present.—Drs. Gardner, C. Gosse, and Wilson, and Messrs. Astles, Cleland, Clindening, Corbin, A. A. Hamilton, Hayward, McLachlan, Nesbitt, and R. Stewart.

The retiring President (W. S. Clindening, Esq.) took the chair.

The minutes of the last Annual Meeting were taken as read and confirmed.

A letter was read from Mr. Way, apologising for being unable to attend, and requesting that his name might be withdrawn from the nominations for the Vice-Presidentship. This was reluctantly done.

An apology for being unable to attend was forwarded by Dr. W. Gosse.

A letter was read, dated May 3rd, 1882, from the General Secretary (Francis Fowke, Esq.) London, congratulating the Branch on its continuing and increasing success, both in point of numbers and usefulness of work.

The report of the Council was taken as read, as every member had already received a copy. It was unanimously adopted. Here-with is the draft of the

REPORT OF THE COUNCIL.

I. During the past year the Branch has again, through its Council, paid considerable attention to matters of interest affecting the medical profession generally, viz. :—

(a.) The Council would specially direct attention to the communication received from the General Medical Council, containing the reply of the Apothecaries' Hall, Ireland.

(b.) Also to a very careful report on the subject of vaccination, drawn up by a committee appointed for the purpose. This report was fully discussed at one of the monthly meetings. The Council, in consequence, waited upon the President of the Board of Health, and laid before him more important points of the subject. From the reply of the President of the Board of Health, the Council did not deem it advisable, at that time, to follow out the instructions given at the meeting of October 27th, to memorialise the House of Assembly to increase the vaccination fee to 3s. 6d.

(c.) Although the question of vaccination has absorbed the larger portion of the attention of the Branch, the Council has not lost sight of the advisability of revising the fees under the Coroner's Act, with a view to their being raised to a more adequate amount; and a private member has promised to bring the matter formally before a meeting at an early date.

(d.) Advantage has been taken of the assistance of the Council to convene a meeting of the whole profession, to consider certain propositions for a new Medical Bill; and the members of the Committee appointed to draw up the proposition, and, later on, the deputation that waited upon the Chief Secretary, with the resolutions passed by that meeting, consisted entirely of members of the Branch. The result of the deputation has been, that his Excellency the Governor, in his speech on the opening of the present session of Parliament, has distinctly promised, on behalf of his Ministry, to bring in a new Medical Bill.

(e.) The Council has kept a careful note of the bearing of W. Bower's question in the House of Assembly on the forcing the Medical Board to register unsuitable applicants for medical registration. Although not called upon to act on that occasion, it was quite prepared to do so, had such been necessary.

(f.) The Council has also to state, as showing the advantages to the profession generally of having a recognised association, that members of the medical profession in the other colonies have during the past year, more than once communicated with the Council for the supply of special information of a local nature.

II. The Council, at the request of a country member, has continued the periodical printing of the papers read at, and the minutes of the monthly meetings; and at the same time has caused to be struck off one hundred extra copies, which now only require to be stitched together to be ready for distribution among the members and the sister Branches. By this plan a considerable expense has been saved, and the matter rendered practically within the resources of the Branch. A comparison of the financial statement of the Hon. Treasurer for the present year with that of the preceding one, will show but a small relative increase under the item of stationery and printing.

III. The Branch consists at present of 47 members. Ten new members have joined, three have resigned on account of leaving the colony, and two have died. The receipts for the year amount to £70 8s. 5d., the expenditure to £90 os. 6d., of which £14 10s. was incurred in printing the "Proceedings" of the previous year. The balance at the Bank is £31 2s. 11d., which, compared with that at the last annual meeting, shows a material decrease. Although the expenditure is thus in excess of the receipts, it will still take several years before it is exhausted. As the member roll swells so will the expenses be relatively lessened.

IV. For the first time, the Council has the melancholy duty of referring to the loss by death of two distinguished members of the Branch, viz., Dr. S. N. Hawkins, F.R.C.S., and Dr. F. W. Bailey, M.R.C.S. Associated intimately with the Branch from the date of its formation, and always taking an active part and hearty interest in its welfare, the Council feels that the Branch has lost much in losing these members, and that it will be long before the mature wisdom of the one, and the warm impulsiveness of the other will be replaced.

V. The Council in presenting applicants for membership has exercised a careful scrutiny as to their eligibility, and is proud to observe that the Branch is daily more and more enrolling amongst its members all that is best and most advanced in medical science in the province.

VI. The papers read and the specimens and cases exhibited and

reported upon, speak for themselves; and the Council has to express its obligations to those members who have made time to put on record the subjects of interest which have come under their notice.

VII. As before, the Council has endeavoured in every way in its power to sustain the interest of all members in the concerns of the Branch. As a further step in this direction a private member will bring forward at the Annual Meeting a proposition, which, if carried, will enable members at a distance to have a distinct voice in the election of officers, &c.

VIII. With respect to nominations, the Council has much pleasure in noting an agreeable change from the apathy shown on former occasions, as is shown by the accompanying list of nominations for the vacancies in the Council for the year 1882-83.

IX. The following notices of motion have been given, which the Council hopes will receive the attention they deserve at the Annual Meeting :—

(a.) That all members unable to attend at the Annual Meeting can vote *in absentia* for the officers for the ensuing year, by filling in a form to be supplied by the Hon. Sec.

(b.) That vacancies occurring in the Council between one Annual Meeting and another, shall be filled up at the next Monthly Meeting after the occurrence of the vacancy, notice of which, together with the names of the nominees having been given one week previously.

(c.) That the clause respecting an annual dinner be removed from the by-laws.

The financial statement of the Hon. Treasurer, certified as correct by the President and Council, was taken as read and adopted.

Mr. CLENDINING, as the retiring President, then made the following address on vacating the chair :—

Gentlemen,—It now becomes my duty to retire from the honorable position which I have held for the past year, and to initiate my successor, your Vice President, in it; but before doing so, I have to return you all my best thanks and most grateful acknowledgments for the unanimous support and kind consideration I have received on all occasions from you during my tenure of office. As I have already said, it has been one of high honour, but it has been more; it has been one of great usefulness and advantage to myself, inasmuch as it has brought me into conclave and friendship with the best and most eminent and useful members of our high and noble profession in this colony. I have also to thank my Council, because were it not for their co-operation and business-like support, it would have been impossible for me to have carried on the affairs of the Association with the success that has attended our labours; and I am glad to think that I leave it to my successor in a highly prosperous condition, having increased in numbers, in importance, and in public estimation; and I am sure nothing will be left undone on his part for the advancement of its good and welfare, and at the end of his term of office he will be in a position to give a good account of his stewardship. Many eventful circumstances have occurred during the past year of great moment to the profession at large, and principally embodied in the report of the Council, but notably the Insurance Conspiracy Cases, which are not referred to. There was a public outcry during that ordeal that the profession was disgraced and dishonoured; but, gentlemen, I deny most emphatically that assertion; and that instead of our noble and high profession being disgraced, dishonoured, and dragged in the mud, it withstood the shock with which it was threatened by the misconduct of two of its members, and, like the Phoenix of old, rose triumphantly out of the ashes of contumely that appeared to surround it for a time, and now lives as free and pure as ever. I say, gentlemen, that these men disgraced themselves and not the profession, and are now reaping the penalty of their defection. It is well, not only for the profession, but also for the public, that these conspiracies transpired, for there is no knowing what magnitude they would have attained, or what damage and injury they might have entailed in a community like this. In conclusion, gentlemen, I again thank you all for your great kindness, your warm support and consideration for me during my tenure of office, and I have great pleasure in asking my successor to take his position as our President.

Mr. ASTLES then took the chair, expressing the pleasure it gave him to do so, and the hope that during his tenure of office the Branch would continue to prosper, as it had done in the past. He would not detain them by making a speech, but would at once proceed to transact the business for which they had met. The first thing was the election of officers for the year then commencing. Owing to the withdrawal by Mr. Way of his name from the nominations, there were left three names from which to choose the Vice-President.

Each member present having placed the name of one of the nominees in the ballot-box, the papers were examined by the President (Mr. Astles) and the ex-President (Mr. Clindening); the result was the election of Dr. Gardner as Vice-President.

Mr. Corbin and Mr. Cleland being unopposed, were unanimously re-elected Hon. Treasurer and Hon. Secretary respectively.

In the same way as for the election of Vice-President, the following three members of Council were elected out of the ten nominations, viz., Mr. Clindening and Drs. C. Gosse and Stirling.

The following gentlemen having made written applications for the membership of the British Medical Association, and of its South Australian Branch, and having been duly certified as eligible, were elected, viz., Drs. Addison and Seabrook, and Messrs. Ellison, Jay, Mann, Nicholls, Thompson, and Welchman.

The proposition was then put to the meeting—"That all members unable to attend the Annual Meetings can vote *in absentia* for the officers for the ensuing year, by filling in a form to be supplied by the Hon Sec." This was carried unanimously.

The proposition—"That vacancies occurring in the Council between one Annual Meeting and another shall be filled up at the next Monthly Meeting after the occurrence of the vacancy, notice of which, together with the names of the nominees, having been given one week previously"—was put to the meeting and carried unanimously.

It was also proposed and carried—"That the clause in the by-laws relating to the having an annual dinner after the Annual Meeting, be withdrawn; it being understood that a dinner, or supper, or other method of spending socially an evening, could be improvised at any time, should a desire for the same arise."

Mr. CLELAND rose to propose—"That, in future, to copies of their 'proceedings', as a kind of preface, there should be placed a short account of how the Branch was started, and the consequent correspondence." He stated that owing to there being no regular and full account of the proceedings of the first year printed, the Branch had never had such a statement drawn up. For the interest of the members elected since the commencement, and for those who would join as time went on, he thought it was desirable that something of the kind should be on record on the authority of the Branch.

Mr. CLINDENING having seconded the proposition, it was carried, and the Council instructed to see that it was done.

The meeting was then brought to a close.

NEW SOUTH WALES BRANCH: GENERAL MEETING.

The Twenty-fifth General Meeting of the New South Wales branch of the British Medical Association was held in the Royal Society's Rooms, on Friday, July 7, 1882. Present:—Dr. Fortescue (President) in the chair; Dr. Milford, Vice-President; Drs. Jackson, Schuette, Mackellar, De Vine, Ewan, Watson, Williams, Hankins, Craig Dixon, Steel, Geo. Renwick, Muskett, O'Connor, Wright, Cox, Bedford, Norrie, Marshall, Marano, Eric Sinclair, Brady, Hurst, Pickburn, and the Hon. Sec. (Dr. O'Reilly). Dr. Deck also attended the meeting as a visitor.

The minutes of the preceding general meeting were then read and signed.

The first business entered upon was the reading of a paper by Dr. J. C. Cox on the *Establishment of a Registry for Nurses*, which will appear in one of our future issues.

The PRESIDENT remarked that he thought the thanks of the meeting were due to Dr. Cox for the light he had thrown upon this important subject, adding that this gentleman had evidently given it considerable attention.

Dr. Cox did not know where would be the most desirable position in which to establish a registry, but he thought that it should be centrally situated.

Dr. EWAN stated that the formation of such an organisation as that indicated by Dr. Cox, had been suggested to him by several ladies some little time ago.

Dr. MILFORD had frequently felt the want of such an institution as the one referred to, and he would therefore move that a committee be appointed to carry out Dr. Cox's views, such committee to consist of the following members:—Drs. Cox, O'Reilly, Warren, and the mover.

Dr. EWAN seconded the motion, which was carried.

Dr. CRAIG DIXSON then exhibited a patient suffering under multiple angiomatica tumours, which had appeared on the body some

three years ago. These tumours, it was explained, were so small that they presented a similarity to minute vascular moles, and he added that the patient experienced no pain.

In reply to Dr. FORTESCUE, Dr. DIXSON stated he had nothing to say as to the etiology of the disease.

The PRESIDENT remarked that the disease had every appearance of, and indeed might be mistaken for, a case of purpura.

Dr. CRAIG DIXSON next exhibited a case of varix, which extended from the patient's back along the abdominal walls. The disease appeared on the patient (who was by occupation a labourer) seven years ago, and with the exception of a slight pleurisy, which had manifested itself some time back, this man was free from any local disease.

Dr. Cox thought it somewhat remarkable that these varices should converge to the umbilicus.

In answer to a question put by the President, Dr. DIXSON said he had no theoretical explanation to make concerning this disease.

The PRESIDENT then said that he regretted to apologise for the absence of Dr. T. Dixon through illness, which would preclude, for that evening, the reading of the paper on "Germ Theory."

Dr. MARANO then read his paper on *A Case of Belladonna Poisoning* (vide page 148).

In reply to the PRESIDENT as to the quantity of Belladonna taken, Dr. MARANO stated, about a tablespoonful of equal parts of Ext. Belladonna and Glycerine.

Dr. C. DIXSON was pleased that this important subject was being discussed, as he wished to say that the best physiological antidote to Belladonna was Pilocarpine.

Dr. Cox thought Pilocarpine so useful that every medical man should keep this antidote by him. He mentioned an instance of a lady who exhibited every symptom of Belladonna poisoning, and for which he could only account that the poison was absorbed in the system through a small plaster being applied to the face for an attack of neuralgia. He thought that the difference in the action of this drug in different constitutions was somewhat remarkable, and concluded by expressing the pleasure he felt in listening to the reading of Dr. Marano's interesting paper.

The PRESIDENT asked Dr. Marano if the patient had been affected with any furious delirium.

Dr. MARANO replied in the affirmative.

The PRESIDENT said that there was an extreme uncertainty as to the extract of Belladonna, much of it being inert. As to Atropia with Morphia, he might say that the former was antagonistic to Morphia. He cited an instance of recovering a patient when almost moribund.

Dr. BRADY made reference to patients who had been poisoned, and had recovered by means of the stomach pump.

Dr. WILLIAMS related a case of poisoning by Belladonna similar to that spoken of by Dr. Marano.

Dr. MILFORD mentioned an instance of a clergyman swallowing Belladonna in lieu of a black draught which had been prescribed, a cure being effected by means of an emetic of mustard and water. He recollected another case of a woman suffering from cancer in the breast, who had come under the physiological influence of the drug, but who had recovered without an antidote being administered.

Dr. Cox thought, that in the absence of Pilocarpine, the galvanic battery might be resorted to, he having found it very useful in a case of his.

Dr. MACKELLAR then read his paper on *A Case of Aneurism of the Gluteal Artery*, which will be found on page 147.

Dr. Cox said he felt sure that those present were much indebted to Dr. Mackellar for the reading of this valuable paper. He might mention that he had only seen one case of the kind referred to, and in this, unlike Dr. Mackellar's, there was no difficulty in diagnosing. Referring to post mortem examinations, he was happy to say that he believed there was a growing desire on the part of the public to gain information respecting cases of the mysterious character indicated by Dr. Mackellar, and which information could only be supplied by means of post mortem examinations.

The PRESIDENT also spoke of the value of these post mortem examinations, thinking that the profession generally were guilty of some neglect of duty in not insisting against the prejudice existing amongst friends of deceased persons who were invariably opposed to these examinations. He added that he believed that he was one of the first to treat the case referred to, the patient complaining of a pain in the back, and thinking that it had been induced through over exertion in athletic exercise. This was probably the correct theory, though he (the President) had not been able to discover positively.

Dr. CRAIG DIXON thought that it was good practice to make an exploratory puncture, in case of doubt, with a fine needle. He sometimes used a hypodermic syringe.

Dr. COX did not think that it would be wise to adopt, as a general rule, this method of diagnosing by means of a needle.

Dr. MACKELLAR said that the large needle he used did not enlighten him. This tumour was so prominent in the pelvis that it would have been difficult to discover that the patient had received a blow had he not said so. After examination of the rectum, he knew that the tumour was growing rapidly, and after post mortem examination he discovered it to be of enormous growth, and the body of deceased had increased to three times its ordinary size. He was satisfied that it was aneurism of the gluteal artery.

Dr. C. DIXON explained that it was not his intention to convey that the needle was the best means of diagnosing in aneurismal tumours, wishing rather to say that this instrument was a great aid in the diagnosis of tumours generally.

The PRESIDENT referred to a patient who had received a stab in the gluteal region. Hæmorrhage occurring frequently it was attempted to secure the gluteal artery at the point of bleeding. It soon became evident however, from the great loss of blood, and from the quantity previously lost, that this effort was futile. He mentioned this as one of those failures which threw light on science.

Dr. MILFORD then moved that the thanks of the meeting be accorded to Dr. Mackellar for his interesting paper on "Gluteal Aneurism."

The HON. SECRETARY, in seconding this motion, remarked that papers of a kindred character to that read by Dr. Mackellar, were likely to prove of the greatest value to the Association, and suggested that in the case cited by the President that an abdominal tourniquet might have controlled the bleeding.

The motion was carried.

The HON. SECRETARY next informed the meeting that he had been examined before the Royal Commission on Friendly Societies, now sitting, and that this body had requested him to furnish a form of examination paper for admission into these societies. He suggested that this matter should be dealt with by the Friendly Societies Committee recently appointed.

Dr. COX thought it scarcely just that medical men should be expected to fill in lengthy forms without extra fees, though he believed that much benefit might accrue to Societies which insisted upon the required information being set forth in these forms.

Dr. HURST was of opinion that this form of application would take so long to fill in that it would probably be a source of much inconvenience to the profession—indeed it was much after the style of a life assurance paper.

The HON. SECRETARY called attention to the first recommendation of the committee on Friendly Societies. He did not think that the examination paper suggested by the Committee need be so elaborate, a shorter one would suit equally well, and it might be so worded that the greater part could easily be filled in by the applicant.

Dr. WATSON knew of one society, he thought the Foresters, which had a form of application containing some 30 questions, and in his opinion most of these questions were utterly useless. He also explained that it was the custom to refuse to pay a fee when an applicant for admission to a society was rejected, although a medical man had to spend the same time in examining a candidate who was rejected as in the case of one who was accepted. This he did not think just.

On the motion of Dr. HURST, seconded by Dr. MACKELLAR, it was decided that the question be referred to the Friendly Societies Committee recently sitting.

Dr. HANKINS next exhibited a hydatid tumour taken from the brain of a boy, on which case he then read a paper, which will appear in our next issue.

Dr. COX thought the thanks of the meeting were due to Dr. Hankins for the reading of this paper. Cases of hydatids of the brain were very rare, but he remembered a case which had occurred in the Infirmary, and in which the patient had died in the same mysterious manner as that set forth by Dr. Hankins. He proposed a vote of thanks be accorded to this gentleman.

Dr. MILFORD seconded the motion, and referred to the peculiarity of this hydatid, which differed in the thickness of its wall from any that he ever found in the liver or lungs. He mentioned a rather extraordinary case that was at present at St. Vincent's Hospital, in which a young woman had so many cysts that she appeared to be more hydatid than human being.

The motion was carried, and the meeting then terminated.

REPORTS OF SOCIETIES.

VICTORIAN MEDICAL STUDENTS' SOCIETY.

At a recent meeting of the above Society, held at the Melbourne Hospital, Mr. Florance, one of the ordinary members, read a paper on Lithotripsy, past and present.

After briefly considering the methods adopted in extracting calculi, namely, by Lithontriptics, Lithotomy, and Lithotripsy, he showed how we were indebted for this latter operation to Civiale, who, in 1824, first successfully crushed a calculus. The labours of Aeurtetoup, Brodie, and Ferguson were considered, and the instruments they employed were described. In the old operation in which Catheters of not over 12 (English) were employed, several sittings had to be undertaken, the operators being afraid of the irritation caused by the presence of the Lithotrite, which instrument was rarely kept more than five minutes in the bladder. It was shown by Otis, of New York, that the male urethra is capable of receiving a catheter having a calibre of 20 English, and Bigelow put this doctrine into practical shape by employing larger evacuating catheters. By means of this he does away with the necessity of finely reducing the fragments, and gives the opportunity of the operation being performed in one sitting. He prefers the evacuating catheters straight. This modern operation was first preached by him, in 1878. Since that year, by the energy and industry of Bigelow, and his fellow lithotritist, Sir Henry Thomson, the operation of Lithotripsy has reached a very mature stage. Of 101 cases reported by Thomson only 3 died—less than half the mortality he had experienced by the old operation. Moreover, the troubles in the modern mode are less serious. Billroth fully confirms this operation as to its value.

Bigelow's new lithotrite was shown and compared with former instruments. Though more powerful, the lithotrite is lighter and more handy. The vulcanite handle makes it exceedingly easy to employ, and the ring lock—making a quarter turn to the right when locking—is a great improvement on Weiss' button.

An aspirator of Bigelow's invention was also exhibited; and a more recent from "the simplified Aspirator" described. This has a stand, is easily connected and disconnected with the evacuating catheter, and possesses a strainer which passes into the india rubber bulb and perfectly prevents a reflex of fragments into the bladder, these falling into a glass receiver at the end of the bulb.

An animated discussion followed, and a vote of thanks to the author was carried unanimously.

PUBLIC HEALTH.

DURING the six months ended June 30th 121 cases of Typhoid fever occurred in Adelaide; most of them were reported in March and April. Seventy-one of these cases were treated in the city, 11, or 15.49 per cent., of which died; 50 cases were admitted to the hospital from the city, and 52 from the country. Of the former, 13 cases terminated fatally, and of the latter 11, consequently the death-rate for all cases treated in the hospital was 23.53 per cent. The cases which occurred in the city equalled 3.02 per thousand of the population, whilst the death-rate was .60, estimating the population at 40,000.

TWENTY-THREE cases of Typhoid have occurred at Hahndorf S.A. Three out of them proved fatal.

THIRTY cases of Measles and two of Scarlet fever were reported at Orehunga, N.Z., during the month of June.

THIRTY-THREE cases of Diphtheria were reported during the quarter ending June 30th in St. Albans, near Christchurch, from twenty-six houses. The Health Officer suggested that the Board of Health should obtain a stock of disinfectants, to be sold at cost price, or given away if necessary. He points out that the cases are all confined to families who have no proper house drainage.

THE infantile mortality in Sydney during the month of June was at the rate of 32.83 per cent. of total deaths, and .06 per cent. below the average of the five previous years. The percentage in the suburbs was 44.61, which is .2 below the average.

THE true infantile mortality, or deaths under one year, as compared to births in Brisbane during the month of June has been 11.83 per cent. within, and 20.69 per cent. outside the municipality, and 13.93 in the whole Registry District.

CORRESPONDENCE.

BOGUS PRACTITIONERS IN NEW SOUTH WALES.

TO THE EDITOR OF THE AUSTRALASIAN MEDICAL GAZETTE.

SIR,—After much hesitation I have at length resolved to write to you on a subject which ought to be regarded (but is not) as a matter of the utmost primary importance to the well being of the people of this colony, *i.e.*, the urgent necessity of a Medical Bill that will wipe out the immense number of bogus practitioners practising in this colony as duly qualified medical men, and that will also stop their continually increasing numbers. Regarded solely from a people's point of view, it is positively shocking this gross imposition on the whole community which is allowed by the law, or rather, no law of the colony to exist and flourish, aided and pampered by the Government and the authorities, for a certificate as to the cause of death will be taken from these bogus practitioners as readily apparently as from a duly qualified medical man. Two or three of these fellows will settle in a country town, and can and are satisfied to exist where a duly qualified man might live. Generally the chief sustenance or consumption of these parasitical impostors is grog and cigars. They are quite content to live as cheaply as Chinamen, in fact cheaper, for they pay for their provender by prescriptions. Why are Universities and kindred institutions instituted and maintained at great expense? Why do thousands of young men (among whom are to be found a great number of colonial youths) spend some of the best years of their lives and their substance in fitting themselves for a profession, when a bankrupt chemist, or any other charlatan, can come to New South Wales and start as Dr. Bogus, Surgeon? In no other part of the world is such a state of things allowed to be—not even in Fiji or the Sandwich Islands—consequently, this colony is a paradise for Quacks. And the authorities will recognise him for what he represents himself to be to a certain extent, sufficient to assist him in his imposition and secure him a status in the community on whom he is exercising his imposition. In Mr. Gladstone's rectorial address at Glasgow, in December, 1879, he says, "Here, indeed, much is changing, but all in the direction of advance. The dominant activity of the age addressed to conquest over nature continually enlarges the knowledge and the apparatus at the command of the physician and surgeon. There was a time when the writer of 'Gil Blas' could represent his hero, who had been taken ill at an insignificant town, as having easily and rapidly recovered, because by good luck there was no doctor in the place. Such a reason, if anybody could think now of using it, would slay nothing but his own reputation. The medical art is now universally recognised as having achieved much for the benefit of mankind, and as being honestly and resolutely set on learning more. While becoming more learned it has also become more intelligible, for the physician falling back more and more on the duty of interpreting nature, more and more (as far as I know) assumes a ground common to him and his patient, and obtains more and more an intelligent obedience. It is no wonder if with all this the social standing of the profession has become more worthy of its character and object. . . . It is not, however, the physical side of the great medical profession which has gained and is gaining ground. The constantly growing complexity of life appears to bring with it a constantly growing complexity of disease, the pace at which we live is quickened, the demand both on thought and emotion is heightened without any corresponding increase in the organs and faculties which are to meet these demands. While the mind asks so much more of the frail flesh, its halting partner, and when so many infirm lives are through skill preserved, which would formerly have lapsed in early death, immense as is the advantage of a more widely diffused sufficiency of food, it has, I believe, been a matter of argument whether on the whole the physical structure of our race is in a course of improvement or decline. But, however that may be, it can hardly be a matter of doubt that the increase of inter-action between the body and the mind both enlarges and elevates the province of the medical man, brings him more and more into the inner sanctuary of our nature, quickens the search for expedients by which he may ever 'minister to a mind diseased,' and gives to his art more and more frequently the character of a joint process in the operation on the seen and unseen parts of our compound nature. If this be so, medicine must come to be not only an art but a philosophy." Here, Sir, is a clear and noble picture of what a medical man should be, here is a beautifully true portrait of what the studies, the duties, the aspirations of a medical student should be through life. And these bogus practitioners are encouraged, fostered, and pampered by the law of this country and the authorities to set themselves in opposition to men who have gone through a course of study with ability and the noblest aspirations—men who are qualified by right and reason and unquestionable skill. Is this just to the faculty? But as the equity or otherwise to the faculty is not so much on which I wish to write. It is the injury to the people at large. Some of these mountebanks have been barbers, soldiers, herders of cattle, patent medicine vendors, and plucked drunken medical students, and so on, *ad. lib.* One of these soldier Quacks speaks of his diploma as his di-a-ploma, and when asked where he got his di-a-ploma, he said he graduated at the Horse Guards! Not long since a resident in a certain neighbourhood was taken seriously ill, the nearest doctor (a Quack) was sent for, and told the man he was suffering from Chronic Inflammation of the Lungs, he gave the man emetics, blistered, bled, and purged him nearly to his grave. His friends becoming alarmed sent for a medical man, who found him in the lowest stage of Gastric Fever. It would be absurd to fill your paper with the gross ignorance and impudence of these mountebanks which alone have come under my personal observation. I imagine one of these impostors treating a poor unfortunate for some organic disease, he could not diagnose it, yet he would prescribe for him, visit him, stethoscope him, sound him, pulse him, physic him, poison him, kill him, and then

hand a certificate of death to the authorities, which would be accepted (and yet Sir H. Parkes, our premier, says we have nothing to learn from the old country), and finally, a big bill to his unfortunate survivors, these men give evidence at inquests (in the country), and a verdict is returned in accordance with the medical testimony. Is it not abominable that such a state of things can be allowed to exist in any civilised community. Here in this colony the thing is rampant in perfection. There is no talk and evidently no intention of the present Government altering this shameful state of things, but the Government is intelligent and strong. Pull down our universities, level our colleges, tear up diplomas, and let us all have a chance. Why not? Why should one section of the people spend years and hundreds of pounds in fitting themselves for a profession that any can fit themselves for who have a large amount of native audacity and presumption. The public are protected from this sort of thing in the legal and most other professions, and surely in their relation to the medical profession they have as good if not a better right to protection. Yours, &c., Cootamundra, N.S.W., July 15th, 1882. ALFRED AGASSIZ, M.R.C.S.E.

AUDI ALTERAM PARTEM.

TO THE EDITOR OF THE AUSTRALASIAN MEDICAL GAZETTE.

SIR,—Some correspondence having recently appeared in the *S.M.H.*, and notably a quixotic appeal from "Sufferer" to the community at large as to the "utterly irresponsible position of medical men," etc., with a good deal of nonsense of the same kind, conveying to the laity the idea that no matter what may happen, they (the medical men) invariably demand and receive their fees.

Now, Sir, as medical men are constantly arriving from the old country, and settling in the outlying bush districts, it will be well for them to know what hardships, as regards fees, they are liable to under the present Medical Act, framed by the paternal Government of New South Wales, for the special encouragement no doubt of men of "high-class attainments and undoubted ability."

On the 5th of the present month it was reported to the police that a murder had been committed on a station 75 miles from the township in which I reside—an aboriginal had, in a drunken row, murdered another blackfellow with a tomahawk. The coroner, who is also the P.M., decided to hold an inquest at the station where the murder took place, and he ordered me to attend there, to give medical evidence. I remonstrated when he informed me that I was liable to a heavy fine if I refused. I may state that I am Medical Officer to the local hospital, containing 9 or 10 patients at the time, there is no other medical man within 80 miles, and I had a lady at the time under my care, hourly expecting her confinement, besides other private practice to attend to. I had, however, *volens volens* to go, finding my horse-flesh and paying my travelling expenses, the charge at the hotels in the district being 10s. a night for a horse, and my own expenses proportionately high. On arriving at the station we found the murderer had been shot by the police—a fortuitous circumstance for me, as otherwise I might have been dragged off to the nearest Assize town (some hundreds of miles from here) to give evidence, for which I believe 9d. a mile would have been allowed me for travelling expenses. On this trip I was away over three days, during which I rode at least 160 miles, made a P.M., gave my evidence, and got back, self and horses thoroughly knocked up, having to ride the last 60 miles in rain over black soil country, and swim a river. For a trip of this kind the Government allowance is 1s. a mile to the place only (deducting the first 10 miles), and three guineas for P.M. and giving evidence. On another occasion I was called out of bed by the police at 12 o'clock at night to examine a young girl for a supposed rape upon her. I made the necessary examination, had to attend the Police Court the following day, and subsequently the Quarter Sessions to give evidence, for all of which I was only allowed one guinea. On another occasion I was called upon to drive 14 miles, examine the body of a man, who had been dead 10 days, in the height of summer, give evidence at the inquest, and for this I was also allowed one guinea.

Now, Sir, in settled districts or towns where there are railways to travel by, and medical men are not so far apart, their fees, though wretchedly small, do not appear so inadequate. But in outlying bush districts it becomes a positive hardship for medical men to be thus called upon by the Government, as they frequently are, to perform compulsory services for little or no remuneration, not sufficient even to pay actual expenses, not mentioning the loss of time and practice incurred. Surely it is time medical men took some combined action in the matter to definitely resist such an imposition. It is bad enough that properly qualified medical men, who have spent time and money in obtaining a profession, and the public at large in N.S.W., have no legal protection from "quacks" and "quackery" of every description. In the adjoining colonies of Victoria and Queensland such I believe is not the case. Thus it is that in almost all bush townships in N.S.W. there are one or more of this class, and the "Dr." is frequently represented by some blear-eyed, dram-drinking, or morphia-eating quack, lost to all idea of self-respect, who has perhaps at some period of his life got a smattering of medical subjects about sufficient knowledge to make him dangerous, and who, trading upon the credulity of the generally speaking ignorant class of people to be found in the bush, and boasting of the inability of the law to restrain him, does incalculable mischief to the public, who, as a rule, are too indolent to inquire into his pretensions, and to the good name of an honourable and noble profession of which he is the *quasi* representation.

Now, Sir, it is high time the profession bestirred themselves to remedy these two grievances, viz., the wretchedly inadequate fees allowed by Government for medical services performed, and the want of protection accorded by the existing laws both to the public and the bona fide medical man from that spurious imposition, the so-called "bush" Doctor.

I am, Sir, yours, &c.,

Walgett, N.S.W., July 24th.

A. FORBES, L.R.C.S.I. & L.P.C.P.F.

NOTES ON THE ETIOLOGY OF TYPHOID FEVER.

By JOHN RUTHERFORD RYLEY, M.D., F.R.C.S., L.R.C.P., Edin.,
Medical Officer to the Tenterfield Hospital, N. S. Wales.

While quite agreeing with Dr. Mackellar in his "Notes on the Etiology of Typhoid Fever," published in the June number of the *Australasian Medical Gazette*, as to the importance, from a sanitary point of view, of the proper disposal of human excreta, of good drainage, pure water, and other sanitary requisites and precautions necessary for the preservation of the public health in inhabited places, especially in large cities, and while likewise agreeing with him in a belief in the germ theory of disease—if not as an established fact, and one that may never be established—"as affording a good working hypothesis, I cannot, in the face of the experience of the last quarter of a century of this widely spread and fatal disease, especially my own experience, accept Dr. Budd's doctrine of contagium from the alvine discharges of an affected person as the sole, or even the chief, cause of the disease, and I think most of your readers who are acquainted with the extensive literature of this subject, or who have had any practical experience of the disease, especially in rural districts of this and neighbouring Colonies, and have given the subject any attention, or who have even carefully perused Dr. Mackellar's own paper, will agree with me that such a doctrine is at the present day untenable, and is an advance backwards, if I may be allowed the phrase. Most observers, I think, will, independently of the fact that no such contagium or virus has been proved to exist in the stools of enteric patients before or immediately after their passage from the bowels, accept Dr. Murchison's teaching that Enteric Fever is, as a rule, spontaneously originated by the fermentative putrefaction of faecal and other putrefying animal matters, and that even in the "specific stools" the poison is always a product of decomposition, as being more in accordance with modern experience of the disease. In the present state of our knowledge, I think this is the safest creed to follow in our practice as sanitarians, and what right have we to dogmatise about a specific poison whose existence has never been satisfactorily proved. I confess, however, to a great sympathy with Dr. Mackellar in his belief in the existence of a specific germ as the cause of the fever in question, whatever its origin may prove to be, or whether it may prove to have more than one origin (and I think I have shown and will be able to show beyond the possibility of doubt that in Australia and New Zealand it has its origin independent not only of specific excreta, but of decaying faecal and other organic—at all events animal matter); but while hoping much, with Sir J. Fayrer, from the researches of such men as Pasteur, Burdon-Sanderson, Lister, Greenfield, Klehs, and others, that this fever will prove to be caused by some particular poison or germ, we must not lose sight of the fact that the germ theory is only one, although the latest of several, proposed as a solution of the genesis of this and other forms of "zymotic" disease, and should not be allowed to stand for a moment in the way of an impartial examination of the facts of the case, or because Dr. Budd's view may appear to be more in accordance with the germ theory of its causation than those of Murchison, and last, not least, those of Sir Joseph Fayrer, together with a host of other more obscure if more favourably circumstanced observers in nearly every part of the world who support the views respectively of both of those Indian physicians, who, after a brilliant professional career in India returned to England to obtain the highest professional honors and rewards there. Sir Joseph Fayrer, whose experience has been so extensive, especially in India, in the "Croonian Lectures" for the present year, "On the Climate and Fevers of India," delivered before the Royal College of Physicians, London, * says:—"Enteric Fever occurs in India as it does in England, and from the same causes, but as I shall show, all fevers in India with Diarrhoea, Peyerian Ulceration, and Typhoid symptoms, are not necessarily derived from enteric excreta." Many of your readers may remember that in consequence of the expression of such an opinion Sir Joseph received and published in the London *Lancet*, towards the end of 1879, letters from practitioners of experience from different parts of the world corroborating his views. One of these letters from Dr. Grabham, of Madeira, author of "Madeira, its Climate and Resources," I saw on my arrival in England in November of that year, from the Zulu war in S. Africa, which impressed me much, because his account of the fever as it occurred in Madeira corresponds with my experience of

the disease in Westland, New Zealand, and in the rural districts of several of the Australian Colonies, as well as in Africa, during the war, and in Fiji, all the more because having visited Madeira on my way out and home, I was in a position to know the correctness of his statements regarding the filthy position of that Portuguese town, where there is almost an entire absence of even primitive sanitary arrangements. Amongst other facts corroboratory of the view that Typhoid Fever seemed to have an origin, not only independent of specific excreta, but even of the putrefaction of organic—at least of faecal—or other animal matter, Dr. Grabham stated that Typhoid Fever was of frequent occurrence as a sporadic affection in the rural parts of that Island, but never attacked the residents of the town of Madeira itself; and similar testimony was then given and since by other observers in various parts of the world. Under such inspiration and encouragement I published briefly, confining myself entirely to a statement of facts, in the *British Medical Journal* for 1880 my experience of the Fever, especially in N. Zealand, in which, I think, I proved that as regards the epidemic which occurred in Westland, after the great gold rush, as the result of five years' experience and careful study of the subject, including the making of post-mortem examinations in nearly every case of death that occurred in the hospital there from fever:—

1. That the fever was pure Typhoid, as regards symptoms and post mortem lesions.
2. That the cause could not be contagion.
3. That there was no evidence that the Fever was contagious; and
4. That there appeared reason to believe that the fever has some other origin than that of the decomposition of faecal and other animal matter.

In my annual reports to the Government, "On the Hospital, Gaol, Lunatic Asylum, Westland, and Public Health," from 1864 to 1869 inclusive, published in the *New Zealand Government Gazette*, and made free use of by the public press of the colony, the results of my investigations, as to the Nature and the Etiology of the Fever, were recorded from the commencement of the disease. My chief object was to prove the nature of the fever, as at that time it was known to the public and the profession as "Colonial Fever." Before I took charge of the Hospital at Hokitika, I had seen several cases of the fever in other parts of New Zealand, and like my professional brethren there I recognised the symptoms of Typhoid Fever, modified by climate, &c.; but up till then I had no opportunity of proving the type of the fever by dissections, and I was led to take the matter up very earnestly by a report of the late Dr. Cusack, then in charge of the Hospital at Nelson, New Zealand, who stated that he found in one case the characteristic lesion of Peyer's patches, having a large field for observation—at an average, speaking from memory, about 20 cases of the fever constantly in Hospital for the first few years. With the exception of the evidence afforded by dissection, my experience of the fever in Australia, and in South Africa, when in charge of one of the Field Hospitals there during the late war, is confirmatory of the above views as to the Etiology of the Fever, and coincides with the opinions of many of the rural practitioners I have met in Natal and in Zululand, South Africa, and of those I have met in my visit to Canada and the United States of America, as well as of those I have met from nearly all parts of the world at the Special Hospitals in London, New York, &c. In South Africa many of the local practitioners and Medical Officers in charge of the troops believed the fever to be a "hybrid" between true typhoid and remittent, but none had made post mortems, and what they may have meant by the phrase I cannot tell.

Dr. Mackellar says, "To us in this country, one of the most interesting phases of the argument is that advanced by American authors, who are placed in a position for observation somewhat analogous to our own. Their opinion is that Enteric Fever has a tendency to take the place of intermittents and remittents, so common in that country, as those diseases disappear under the effect of increased population and cultivation of the country, that there is, in fact, a sort of antagonism between them. . . . Many observers in Australia have remarked that a remittent fever of a type not unlike those enteric cases in which the abdominal lesion does not form a marked feature, is a very common disease in nearly all the newly-settled country, whether moist or otherwise, and that this disease decreases or disappears, under the influence of settlement."

It is remarkable that all the authorities quoted by Dr. Mackellar, except Professor Tyndall, who is not a medical man, are against him; and so is the experience of American and Australian practitioners. As regards our experience I will have occasion again to speak. A

* "British Medical Journal," 8th April, 1882.

word as to American experience. Intermittent and Remittent Fevers are, by universal consent, attributed to a malarial origin. But what do we know of the nature of Malaria? MacCulloch,* quoted by Sir Joseph Fayrer, in the lectures above referred to, says, "Perhaps the best as the most honest account of the nature of Malaria would be an acknowledgement of utter ignorance," and Sir Joseph, with all his large experience, can only say, "And I fear we have not much to add to this description of a hypothetical cause of a disease which is of very general prevalence between the 65th parallel of the north and 40th of south latitude, and has been estimated to cause half the mortality of the human race, and has been called 'the great enemy, the very destroying angel, to whom the task of keeping man within bounds has been specially assigned.'" Of course attempts have been made to find a *materies morbi*—a material cause for such fevers, as well as of typhoid, with more or less success by Klebs, Tommasi, Crudeh, and others; but the result, up to the present, has been well expressed by Fayrer in the passage above quoted, and in the following, "The most careful examinations have failed utterly to detect any separate active principle, though it has been shown that the air of marshes contain a variety of products that are absent from the normal atmosphere, e.g., excess of carbonic acid (6 to 8 per 1000 volumes) sulphurated hydrogen, phosphorated hydrogen, watery vapour, ammonia, pure hydrogen and organic matter, and the microscopic *debris* of vegetable and animal matter. One or other or several of these may be present but they are not Malaria. That some subtle agency in addition to climatic influences is at work seems probable, but whether it be one or more we know not.† Again, "But in our anxiety to find a particular poison or germ we must not overlook the fact that the results may be due to other agencies, some gaseous emanations, or perhaps an impression produced from without inducing disturbance of innervation, vasomotor action, and nutrition, or the autogenetic production of a poison in the body predisposed to be deranged by peculiarity of constitution, climatic or other influences, of the nature of which we are ignorant, though by analogy it is conceivable, as for example, the origin of influenza, or the derangements arising from emotional states, such as joy, fear, &c." Now, I would like to know how Dr. Mackellar would, on Dr. Budd's theory, account for typhoid fever taking the place of malarial fevers. He cannot believe that the specific germs of intermittent or remittent fevers are capable of being transmuted or transformed into the specific germs of Enteric Fever, or that the germs of the former are, by a kind of "natural selection," or "survival of the fittest," capable of becoming developed into the latter; and if he does it would show that Typhoid Fever is quite independent of specific excreta, as its cause or for its existence. Niemayer again, although he believes the disease to be contagious, is of opinion that it occasionally occurs independently of contagion. In other words, he believes with Murchison, Fayrer, and others, that the poison or germs may be generated *spontaneously*. And this phrase, "*spontaneous generation*," brings us, I think, to the *fons et origo* of the difficulty, and to Dr. Mackellar's quotation from "Dust and Disease" by Professor Tyndall, and all the dust so recently stirred up between him and Dr. Charlton Bastion, on the interminable question of The Origin of Life, ‡ with all its surrounding historical associations and prejudices, the origin of "zymotic diseases" and their germs, whether those germs or "ferments" existed from eternity, or were created, or spontaneously "originated", or became "developed" at some remote period of time, but never now-a-days arise *de novo* questions nearly allied, if not identical, and, hence, equally obscured by prejudice. But here I must stop for the present, as I fear I have trespassed too far already on your space. I will return, however, to the subject; but, before concluding this paper I wish to remark on the conduct of the Central Board of Health, Melbourne, in closing all the dairies in Richmond, because "one patient, who had been severely attacked resided in a dairy, and there was a suspicion that the disease spread from that establishment." One would think it was enough to close the dairy where the affected patient lived. To close the others was useless unless they closed all the wells in the neighbourhood, and stopped the people's food, and possibly even their supply of atmospheric air. "Such 'high-handed proceedings' I hope will not for a moment be sanctioned by the profession, as such proceedings are only calculated to bring sanitary regulations into contempt.

In conclusion, we will, I think, all agree that Dr. Mackellar has done service by drawing attention to this subject at the present time, as I hope it will stimulate us all, in our different spheres, some having more and some less opportunities for observation, to contribute our mite, however small, to that great mass of facts upon which the inductions and deductions of science are built up.

GERM THEORY.

Read before the N. S. Wales Branch B. M. A.

By THOMAS DIXSON, M.B.

Before entering upon the discussion of the subject of my paper I would remind you that it was not one of my own choice, but was suggested by one or two gentlemen of influence in the Association as being a desirable one for discussion. Being much interested in the subject I consented to adopt the suggestion.

In endeavouring to discover some account of the origin of the germ theory I looked to Hippocrates, but could find no mention even of contagious diseases; then there came to my mind the close connection between leprosy of the walls and leprosy of the body, as described in the book of Leviticus, and this seemed to me like a dawning of the true theory. Coming to later years, Robert Boyle expresses his belief that infectious diseases are best explained on the assumption of the idea of organisms being parasitic as it were in the body. However, those who have done most towards the development and strengthening of the theory are Pasteur, Lister, Tyndall, and Koch, and whoever would master the theory should study the works of these famous men. The first two of these had the hardest battle to fight. The celebrated chemist Liebig was Pasteur's stoutest opponent, the surgical world has been Lister's. There are three leading theories as to the origin of infectious diseases, the "Germ," the "Chemical," and the "Glandular." Liebig was the chief champion of the second theory, and Dr. W. B. Richardson of the third. So far as I can comprehend Richardson's theory, these diseases are supposed to be due to affections of glandular organs, each infectious disease affecting chiefly certain particular glands characteristic of the disease, while mere nervous derangement may cause the affections. Thus he traces the origin of these diseases sometimes to fear (which I fancy is sometimes easier to imagine than to prove). The main method of spreading the disease, he thinks, is by the application of the secretion from an infected gland to the corresponding gland surface of the as yet uninfected body. In the light of later experiments Liebig practically, after a hard struggle, gave up his own theory, and Richardson's is proved to be untenable.

Pasteur's investigations did not originate the germ theory by any means. Cagniard Latour was probably the first to state distinctly the theory that the yeast plant was the main element of fermentation. Pasteur helped to establish this belief more securely, and showed how in putrefaction germs are always present, and affirmed his belief that fermentation and putrefaction are closely allied. It was for Lister to follow out and apply the results of Pasteur's experiments. Pyæmia, Lister conceived, is closely united with putrefaction, for all open wounds are liable to putrefy if left alone. I remember Lister stating how he fell upon the idea of applying carbolic acid to antiseptic purposes. He had heard, I believe, that at Carlisle sewage matter had been used for artificial irrigation, but, though the plants so manured grew luxuriantly, the animals which fed upon them suffered from worms. The sewage matter was then mixed with gas-liquor, and henceforth the crops, without degenerating in quality or quantity, ceased to give rise to the ailment. Lister then thought that what was likely to prevent the growth of worms was likely also to prevent the growth of germs of putrefaction. His merit consists not in the complicated apparatus which he has invented, but in the theory which is the keystone to his success. His theory may be expressed thus: The surroundings of a wound are full of germs of various kinds; some of these propagate readily in wounds and cause putrefaction, and septicæmia and pyæmia are the results of such putrefaction; and if proper measures are adopted this putrefaction in the wound may be avoided. Those who study Lister's theory and accept it will be much more successful than those who deny it and yet use his apparatus. He used to teach very important ideas as to the nature of wounds and their relation to putrefaction: thus he observed that suppuration is the result of irritation, which causes the superficial tissue to throw off cells in an embryonic condition (pus cells). The irritation may be mechanical, chemical, or

* MacCulloch on "Malaria," p. 253.

† British Medical Journal, 23rd March, 1882.

‡ Not yet allayed, I am in a position to state, as I lately studied Pathology under Professor Bastion, who is quiet only because he is making further observations to meet the objection of Pasteur, when they met to decide the question at the French Academy.

due to germs. Suppuration thus prevents the germs from getting into the system, for a suppurating surface is excretory as it were; an aseptic surface on the other hand is absorptive; hence the danger of an aseptic wound becoming septic, for the secretions, bloodclot, &c., turn rapidly putrid before the surface below has become purulent, that is excretory. Lister demonstrated further that different kinds of putrefaction are indicated by different smells, each smell having its own kind of germ; some germs causing a very foul smell, and being very dangerous, while others gave a sour smell, and are apparently harmless; The latter too seem to evade the efforts of the antiseptic spray to kill them. From this we learn that probably some medications are deadly to one kind of germ and are not so to others. These facts are more firmly established by Watson Cheyne in his recent work. The difference in the nature of the products of different germs of putrefaction may be illustrated by the processes present in fermentation. If the process of fermentation be well managed, alcohols and other relatively harmless bodies result, but if otherwise, a different process akin to putrefaction will accompany the fermentation, and produce nauseous compounds of a totally different nature from alcohol (e.g. vinegar, &c.).

The facts we have mentioned in connection with putrefactive germs will serve to guide us in judging of the nature of the germs in infectious diseases, seeing that they have a biological resemblance.

As regards the methods of producing harmful results in the living body, germs act in one or both of two ways. 1st. By the products of excretion from their own tissue, which are extremely poisonous: but their properties are only just being investigated under the name of Ptomaines. 2nd. By their presence causing irritation, whether this be by the physical effect of their existence in the tissues, or by the process of the absorption of their food from the tissue. It will be imagined that as they have a different kind of tissue change from that of the host in which they are propagating they will affect the constitution of the excretions. This has just been shown to be the case in typhoid, in which the albuminoid excretions of the kidneys is different from that in other diseases. We are too well contented to use relatively low power objectives in microscopic work, and in so doing lose much of a proper insight into the structure of these organisms, an insight which might serve to explain why one organism spreads more quickly or is more injurious than another. We know that some are comparatively stationary, others rapid in their movements, such as *Bacterium Lineola* of sour milk. We are very much inclined to look on these organisms as merely rods, or globes, or aggregations of these, but many of them have long hair-like cilia, visible only under very high powers of the microscope. So too they have their spores and multiply in many ways like the forms of uni-cellular organisms, e.g., by division, by aggregation into jelly like masses, &c., but these observations are only possible by magnifying from 2000 to 4000 diameters. These organisms which are totally unlike when they attain maturity, may resemble each other while passing through their various stages of development, and may thus be easily confounded. The investigations are attended with the further difficulty that on the least exposure of the cultivation fluid containing the germs of the infectious disease under observation, the germs of putrefaction alight and commencing their growth confuse the results sought after.

Since in later years we have been furnished with fine objectives, with special condensing apparatus for remedying loss of light, and with other conveniences at reasonable prices, these researches have been placed in the hands of very many diligent workers, and one by one the germs characteristic of various diseases are being recognised. It may not be known to some of you that over eleven years ago Losdorfer demonstrated the germ of Syphilis, and this is so easily seen and is so various in its shapes, that I would recommend those who wish to begin the study of bacteria to prepare a slide in the manner described in Beale's Microscope in Medicine.

One of the questions still under discussion has a strong bearing upon vaccination, viz., Can virulent bacteria become less virulent by propagation through several generations in bodies not fully adapted to their free growth? It is very easy to understand why vaccinia, if but a form of variola, thus modified, should prevent the growth of variola germs, but it is nearly as easy to understand that vaccinia may produce the same effect even though the germs be unlike. Dr. Aitken, indeed, draws attention to the fact that vaccination is not only useful as a preventive to Small-Pox, but also that it seems to act as such to the other infectious diseases, thus vaccinated soldiers are not only protected from Small-pox, but are freer from the ravages of Scarlet Fever, Measles, &c.

The objection offered by some to the theory of softening of the virulency of a given germ is that the process of cultivation has not

been carefully conducted so that at first two germs have been present, the one mild, the other virulent, and the apparent modifying of the virulency has been the gradual removal of the virulent forms.

As regards the treatment of germ diseases, we all know how disappointing have been the results. Here there is a very wide field opened, and we must start with one of the two ideas, either to eradicate the disease or to check its virulency. To totally eradicate a disease of an infectious nature is very much like trying to eradicate rabbits from an infested district. You must get rid of every one. To do this you require a medicine which will pass through all the tissues infected without acting too harmfully in so doing. Take Typhoid for example. Is this only an intestinal disease? Unfortunately it is too often considered as a purely intestinal disease which manifests itself by ulcerations; the affections of the lungs, &c., being only secondary. Now come in Eberth's discoveries that not only are the Typhoid germs present in the intestine but in the mesenteric glands, and I may add they have been found in the kidney and urine; this last fact showing us that it is of importance to disinfect all the secretions of typhoid patients just as much as of other patients affected with other infectious diseases, a fact demonstrated by M. Boucaud. What use then is there in giving such antiseptics as can only reach the intestines and cannot diffuse through the body and find out and thoroughly kill the germs? Even supposing the germs were intestinal only, they might affect the nasal cavities, and how difficult it is for medicines to rise from the mouth to the nose. Thus then one of our chief desiderata is a medicine which can diffuse itself through the body without injuring it. And then, as shown by Lister, one antiseptic will not act as such to every germ, hence a diffusive antiseptic will very likely be futile in some infectious diseases. There are some diffusive, as Iodine, &c., but many of these we know are not, as is shown by their not appearing in the urine e.g. Eucalyptol. Turpentine is a type of an intermediate form of antiseptic, for it appears in the urine in a changed condition.

If we succeed thus in killing out the germs it must be remembered that though the person may be said to have had let us say Scarlet Fever, probably he has not the protection from re-infection which he otherwise would have had supposing the disease had run its course, and this matter is worth remembering. So, too, again, and this is a very possible occurrence, we may repress the propagation of the germs in places attainable by drugs, e.g., the intestines, while in the rest of the body the disease is still rife. If before the disease has run itself out in the unattainable parts we cease our antiseptic the disease will spread back (i.e., there will be a relapse,) into the unaffected or medicated area, and we prolong the disease, though the disease all through will have been of a relatively mild nature. This could easily take place in Typhoid, and judging from reports of some attempts at antiseptic treatment, I fancy it really does take place.

Occasionally we notice a hint given that we spend all our time in thinking out how to kill the germs, and not how to change the poisonous matters secreted by them in the tissues. This might seem analogous to the question of snake bites, but it seems that snake bites are not venomous altogether through a fluid poison, but in some if not in all cases through the snake injecting certain germs when it bites, which, by exceedingly rapid propagation, may kill in a few hours. This fact is but of recent discovery.

What is the best method of giving our antiseptics? Usually, of course, we turn the mouth, as Wilde says, into a drug shop. Medicines, however, may be useless so given which may be of great use administered by inunction, inhalation, vapor baths, or by hypodermic injection, or per rectum. Inunction is a method which must give place to hypodermic injection in most cases. It is almost only useful in that chronic fever Syphilis. Inhalation is used in Consumption, &c., and hypodermic injection has been used with brilliant results in Cholera, Yellow Fever, and after the bites of certain snakes. We can employ the hypodermic injection in connection with administration by the mouth in some cases with advantage. Certainly the mineral acids, oil of eucalyptus, &c., may lessen the death rate, but their use is not attended with strikingly beneficial results. I conceive that if we adopted such a method we need not give the drugs in great and powerful doses, for we may gradually check down the germ growth without injuring the host, where if we as it were gave a great dose, we might strike a fatal blow, or an injurious one at the patient. Still doubtless even the large dose and rapid cure may be desirable should we find that apparently dangerous effects are rather alarming than injurious. Such is but a matter of experience.

As regards chemical remedies for the "ptomaine" poisoning we can suggest nothing yet.

ERADICATION OF NAEVI BY ELECTROLYSIS.

Read before the Victorian Branch of the British Medical Association.

By JOHN HENRY BROWNING, M.D.,

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The paper I have the honor to bring under your notice this evening contains the notes of a case of the electrolytic cure of a naevus in the nose, also some remarks on electrolysis itself and the manner of its application. As perhaps the subject is somewhat new and unfamiliar may I be permitted, firstly, to explain what is meant by electrolysis, and, secondly, to describe more especially the action which takes place in the animal tissues and the changes which those tissues undergo. Electrolysis means electro-chemical decomposition as distinguished from analysis or ordinary chemical decomposition. That is, electrolysis is manifest whenever an electric current, no matter whence derived, is sent through any medium capable of conducting that current and of being decomposed by it. All such media are called electrolytes. All fluids, almost all animal tissues and organic compounds, and very many inorganic compounds, are electrolytes.

The action that takes place in the animal tissues, due to the effect of electrolysis, is of two kinds, according to the pole inserted, whether negative or positive, and may be roughly divided into condensation or congelation and disintegration, the former taking place around the positive, the latter taking place around the negative pole. In the treatment of naevi we have to deal with the effects due to decomposition around the negative pole only, as the positive pole should, except under special and peculiar circumstances, by no means be inserted into the tissues. The action of the negative pole is to decompose and split up into their component elements, forming alkaline salts, easily absorbed, all those substances with which it comes into contact, and hence renders absorption rapid and certain. Dr. Althaus remarks that "no animal tissue whatever can withstand the disintegrating effect of the negative pole, and that the force and rapidity with which this disintegration is brought about are directly proportional to the electro-motive force which is employed, and to the softness and vascularity of the structures acted upon." By this rapid change of structure and the evolution of hydrogen the vascularity of the naevus is destroyed and the surrounding tissues contract. At the same time the blood corpuscles are destroyed and change color, an effect which is seen almost immediately on the closure of the circuit. This change of color, a sudden whitening of the tissues, is evidence that the effort is successful. Dr. Althaus says that "the electrolytic effect of the negative pole on animal tissues is mainly composed of two different elements, viz., firstly, of the mechanical action of the nascent hydrogen, which under the microscope is seen to rise in innumerable bubbles as soon as the current is closed, and to force itself as it were between the structural elements of the tissues, driving their fibres mechanically asunder, and, secondly, of the chemical action of the alkalies, soda, lime, and potash, which, together with hydrogen, are developed at the negative pole. Respecting the method of application and the appliances to be used we notice, firstly, the battery—this should be made of such elements as to bear some proportion to the work to be done, that is, the electromotive force of each single element should be more than sufficient, and the arrangement of the cells should be such as to allow any number of them to be placed in the circuit, so as to overcome the external resistance. This is done by various means, more or less handy.

As the resistance of the human skin is extremely high, about 3000 ohms, a number of elements are required, and the distance between the positive and negative electrodes should be as little as is convenient, but "when the current has once overcome the resistance of the cuticle it will spread almost equally through all the organs which are interposed between the two electrodes, the greatest effect being always produced near the electrodes."

In operating on a naevus the positive rheophore should be as it conveniently can—a large flat sponge moistened with some saline mixture sewed to a disc of metal is the best. The negative rheophore usually terminates in five or six needles, preferably of gold, with broad flat points, and insulated to within half an inch of the points. (There are special needles for the purpose, not to be obtained here. I use hair-lip pins covered with fine silk, but they are not broad enough at the point.

In October, 1879, Drs. Lawrence and Heffernan brought a child to me with a naevus in the nose. The whole of the tip and soft

cartilage, including the septum, was implicated. The appearance it presented was as though a large damson had taken the place of the end or soft part of the nose. The child was horribly disfigured. The child, about three years of age, was put under chloroform. One of the needles connected to the negative pole was inserted on the left side, so as to go nearly through the nose. Another needle was inserted parallel to the first, but lower down and nearer to the tip of the naevus. The positive rheophore, consisting of a large sponge moistened with salt and water attached to a copper plate, was placed on the left side of the neck, embracing and overlapping the left side of the jaw. Ten cells of a Grove's battery was then connected up. No effect was observed until the needles had been in a little over two minutes, when the characteristic whitening of the naevus took place, the delay in this case was due partly to the needles being somewhat deeply embedded, and partly due to the current having been diverted by a fold of the wire not perfectly insulated lying on the child's cheek under the shawl of the mother; this caused a small eschar, which disappeared in a few days. When the needles had been in about three minutes, the whitening had extended from one needle to the other; they were then withdrawn, no bleeding took place.

The child was again operated upon about five days after: one needle was inserted, and as the former mistake was guarded against, the characteristic whitening was seen almost immediately the circuit was closed. The needle was left in about two minutes, and the same number of cells used. I saw the child about ten days afterwards, the naevus had disappeared and no further operation was necessary.

Dr. Heffernan saw the child some time afterwards and told me the nose had, we cannot say regained its proper shape, but had attained its proper size. This case I have selected from several in which I have been successful, because it was one where surgical interference in my opinion was out of the question. Without attributing to electrolysis anything beyond what it may fairly claim, we have, I think, in this method a means of dispersing and maybe curing, other growths beside naevi, such as some of those fibroid tumours, etc., especially those situated in the uterus, where surgery is inapplicable or powerless. In my short experience I have had no opportunity of trying the effect of electrolysis on any cases other than those referred to. Now, gentlemen, I have made this paper as short as I could, I have endeavoured to make it interesting, and I hope I have not been tedious.

CONTRIBUTIONS TO THE VITAL STATISTICS OF AUSTRALIA.

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III.

INFANT MORTALITY.

The subject of infant mortality is one of the most interesting and important which can occupy the physician or the social reformer. Probably in all countries that mortality is unduly great, and in many it is positively enormous; but, in spite of the large amount of attention which has been devoted to it, many problems about its causes and prevention are unsolved, or proposed solutions are at least by no means universally accepted. The mere question of its extent is not without its difficulties, and modes of stating it are often adopted which, if easy and summary, are of little value. Such, for instance, are mere statements of the percentage of deaths among children of a certain age out of the total mortality of persons of all ages. To know whether that percentage is high or low we must first compare it with the rate in other localities; and any such comparisons must be futile, unless the places compared have populations similarly constituted as regards the proportions of persons living at different ages. In new countries like these colonies such a comparison of percentages of deaths at different ages may have the effect of showing infant mortality to be high, simply because children form a larger element in the population than in older and settled communities. Such a mode of stating the death rate among infants, or indeed among any class of the population, can have value only when checked by a constant reference to the census returns, which themselves are trustworthy only near the time when they were taken. Not merely is this way of stating the infantile death rate comparatively valueless, as between Australia and the countries of Europe, but even as between the several colonies it may give no very useful information. The same is true even of different years in the same colony, though

no very long interval may have elapsed between the periods compared. I do not propose, therefore, to make use of this method, but to make application of another, which is free from the fallacies just pointed out, and quite reliable, on the supposition that the registration returns of births and deaths are accurate. As regards the mere numbers in both cases they are, I believe, quite sufficiently accurate in all the colonies, though most completely so in the more settled of them. Fallacies there are, great and numerous no doubt, when we come to deal with the causes of death, partly from the want of care in diagnosis and in certification, and partly from defects in our nosological nomenclature. Errors due to these cannot of course be corrected, and it can only be assumed that the fallacies are generally about equal in amount, and similar in kind, in different places.

Taking *infant mortality*, for our present purpose, to mean deaths among children under one year, we have a method of calculating its extent with a near approach to accuracy, independently of remoteness or proximity to census years. The number of births registered in a year represents pretty closely the average number of children of twelve months and under living in that year; and, by comparing the mortality among that class with the births, we arrive at the rate of mortality, as a whole, or from particular causes. Besides the advantage of easy and almost universal applicability, this method has the special merit of being applied to a class in many ways distinct even from older children. The death rate within the first year is far greater than in any subsequent year, and the chief causes of death are both fewer and more preventable than at any other period of life. The subject of the mortality among infants under one year of age has, therefore, a special importance for discussion, and, while clearly defined and manageable, is yet large enough for consideration by itself. I wish then to make a comparison of the infantile mortality, in England and some other countries, with that of the leading Australian colonies, and of these colonies with each other; following this by an account of the most important causes of death, as registered, with the view of discovering the conditions, by or under which these causes (diseases) are brought into operation. In this latter respect my special intention is to investigate the influence of climate, so far as that is capable of being distinguished from other conditions. The determination of the reality of this influence is of great consequence in relation to the adoption of preventive measures. Many causes of death may be removable, but the ill effects of climatic influences must, in the main, be simply submitted to, and therefore, if climate *per se* has less effect in the direct production of infantile disease and death than is commonly supposed, the prospects of improvement by the adoption of hygienic measures will, thereby, be so far brightened.

The death rate among infants under one year in the Australian colonies is not high, when compared with that observed in most countries. Taking the five years 1876-80, the rate to 1000 registered births averaged, in round numbers, in Victoria 120, in New South Wales 115, in South Australia 141, and in Queensland 135. In England and Wales, in the years 1870-77, it averaged 151, and in Scotland, in the years 1870-74, 125. In most of the countries of Europe it is much higher, ranging up to 340 in Bavaria. While the infantile mortality of the Australian colonies, therefore, cannot be said to be absolutely excessive, it may rightly enough be said to be relatively high, considering the advantageous circumstances of climate and prosperity, and the low average death rate among persons of all ages. It is important, therefore, to consider fully the causes of death among infants, and I have classified these in such a way as to admit of easy comparison. Useful as the arrangement of the Registrar-General may be, I have not followed it exactly, since there are placed in different Orders, and even in different Classes, causes which, for my present purpose, must be brought together. The great class of zymotics, for instance, in the official returns is made up of diseases which have not always a very close affinity, either of nature or cause. I have therefore picked out from different classes various causes of death which in young infants are, I believe, closely related, being in fact nothing more than the results of acute malnutrition in most cases. Deaths from these causes, so-called, are generally in my opinion due to bad feeding, with gastro-intestinal derangements of various kinds as a consequence. About most of them this will generally be admitted, though to some it may seem improper to include under this head *Convulsions*, and even perhaps *Teething*, or *Thrush*. With regard to *Teething*, there is a strong tendency to remove it altogether from the list of causes of death; and there is also a growing opinion that *Convulsions* in young children are very frequently, perhaps most frequently, a pure *Eclampsia*, a reflex neurosis, the seat of irritation being in the alimentary canal.

In a paper, published in the *Australian Medical Journal* for August, 1878, I upheld this view strongly, and again incidentally in a paper on "Nervous Diseases in Victoria," in *Brain* for October, 1880.

In addition to these I have brought together under one heading the deaths from *Measles*, *Scarlatina*, *Whooping Cough*, and *Diphtheria* (including *Croup*). These, though not including all the deaths from epidemic zymotic diseases, cover a very large proportion of them, and will therefore be shortly referred to as "zymotics." The class of *tubercular diseases* I have taken without alteration from the official returns, and in the same way with the *diseases of respiration*. Under the heading *Nervous Diseases* I include all except *Convulsions*, for the reason already given. The remaining deaths, which are not numerous are summarily given as from "other causes." In the following table is given the number of deaths from various causes in each of the four leading Australian Colonies, in the order of population, for the five years 1876-80, space being saved by bringing together deaths from causes which may be considered to be more or less closely related.

TABLE I.

Showing the number of deaths from certain causes, and the total mortality, among infants under 1 year in the chief Colonies in the 5 years 1876-80.

	Victoria.	N. S. Wales.	S. Australia.	Queensland.
Dysentery, Diarrhoea, Cholera	3029	1974	1217	824
Gastritis, Enteritis, Stomach Disease	987	687	195	133
Convulsions	1070	2357	700	1031
Want of Breast Milk, Thrush, Teething ...	1061	1303	595	454
Premature Birth, Atrophy, and Debility	4261	3709	1742	1433
Total Malnutrition	10,408	10,030	4449	3875
Zymotics	901	783	328	222
Tubercular Diseases	675	719	267	144
Nervous Diseases (exclusive of Convulsions)	635	437	264	123
Diseases of Organs of Respiration	1760	1559	735	225
Other Causes	1486	1098	473	479
Total Deaths from all causes	15,865	14,626	6516	5068

These figures supply material for a comparison of the mortality rates in the different Colonies, which is given in the next table. The births in the five years numbered in Victoria 132,347, in New South Wales 127,572, in South Australia 46,310, and in Queensland 37,535. From these the rates per 1000 are calculated. For further comparison I have placed beside them the rates from similar causes in England, including those bracketed with them, for the years 1877-78. In this table I have brought under one heading all the deaths in the first part of the last one, those from all forms of gastrointestinal derangement, giving the collective term "Malnutrition" to the whole.

TABLE II.

Showing the total death rate, and the rates from Various Causes per 1000 births in the Colonies in 1876-80, and in England in 1877-78.

	Victoria.	N. S. Wales.	S. Australia.	Queensland.	England.
Malnutrition	78.6	78.6	96.1	103.2	79.8
Zymotics	6.8	6.1	7.1	5.9	10.9
Tuberc Dis.	5.1	5.6	5.8	3.8	9.8
Nervous Dis. (ex- } Convulsions) }	4.8	3.4	5.7	3.3	2.8
Resp. Dis.	13.3	12.2	15.9	6.0	27.5
Other Causes	11.2	8.6	10.3	12.8	13.4
All Causes	119.8	114.5	140.9	135.0	144.2

The rate for all causes has been separately calculated, and so does not correspond exactly with the sum of the items in every case. In

Australia, as in other countries, the infant mortality of towns is greater than that of the country districts, and therefore before entering on any discussion of details, I will present tables showing the rates, as in Table ii, for the Chief Towns of Victoria, New South Wales, and Queensland, and for the remaining parts of these colonies. For South Australia this cannot be done, as the figures for Adelaide are not published. To provide some idea of the relative importance of the towns, the number of births in each may be given, viz., Melbourne and suburbs, 42,607, Sydney and suburbs, 36,386, and Brisbane, 6,938.

TABLE III.

Showing the total death rate and the rates from Various Causes to 1000 births in Melbourne, Sydney, and Brisbane, in 1876-80.

	Melbourne.	Sydney.	Brisbane.
Malnutrition	105.6	114.6	136.6
Zymotics	7.7	7.8	4.9
Tubercular Diseases	8.5	10.1	5.9
Nervous Diseases (exclusive of Convulsions)	8.8	6.2	6.3
Resp. Diseases	16.1	17.8	5.6
Other Causes	16.4	13.1	12.4
All Causes	163.1	169.6	171.7

TABLE IV.

Showing the total death rate and the rates from Various Causes to 1000 births in the extra-metropolitan districts of Victoria, New South Wales, and Queensland.

	Victoria.	N. S. Wales.	Queensland.
Malnutrition	65.8	64.3	95.7
Zymotics	6.4	5.5	6.1
Tubercular Diseases	3.5	3.8	3.4
Nervous Diseases (exclusive of Convulsions)	2.9	2.3	2.6
Resp. Diseases	12.0	10.0	6.1
Other Causes	8.8	6.8	12.9
All Causes	99.4	92.7	126.8

There is much that is interesting, and many things that are puzzling, in these figures. It is not easy to understand the order in which the colonies stand, as regards their respective rates of infant mortality, taken as a whole. It can scarcely be regarded as a mere question of climate. In New South Wales the rate is, in round numbers, 115 per 1000 births, in Victoria, 120, in Queensland, 135, and in South Australia, 141; while, as regards mean annual temperature, they stand thus, according to observations made at the chief towns: Victoria, 57.1° F.; New South Wales, 63.1° F.; South Australia, 63.3° F.; and Queensland, 70.8° F. It appears then that the greatest difference in the death rate is between N. S. Wales and S. Australia, which are most alike as regards average temperature. That infant mortality is, in very small measure, dependent on latitude alone is made clear also by the rates in different European countries in recent years; as Norway, 107; Scotland, 125; England, 144; Italy, 238; Bavaria, 340. I am far from denying that climate has an influence on the mortality among infants, who are more sensitive to external influences of many kinds than adults. In the change of seasons in the same country, we have what are, to all intents and purposes, changes of climate, and the death rate does vary greatly in different periods of the year. In Victoria, for instance, during the five years 1876-80, the number of deaths, among infants under one year, amounted to 5777 in the three months January to March, and to only 2703, or less than half, in the three months August to October. My contention, however, is, that climate *per se* has far less effect than other conditions; and that the rate of mortality among infants, in any country, is dependent on various conditions; as the proportion of urban to rural population; the extent to which the people are engaged in manufactures; and, probably enough, on mere customs, as regards rearing and management. A little consideration seems to me to lead inevitably to the conclusion that all these conditions ultimately resolve themselves in the main into the one of management, and especially as regards feeding. More infants are reared artificially, that is, are hand fed, in town than in

country, this being the case in most marked degree in manufacturing towns; and artificially reared infants have also less chance of thriving in towns, on account of the poor quality of milk generally attainable. This last is the reason, generally assigned by Sanitarians, for the excessive death rate among infants in most of the large towns of Germany, a rate of about one-third of the whole number of children born being not uncommon, while in Munich, which has a notorious pre-eminence in this respect, something over two-fifths of the children born die within their first year. The question of infant mortality is essentially one of infant feeding. Where that is well managed the rate is low, and where badly it is high, whatever may be the climate. The comparative prevalence of epidemic diseases and other circumstances have some share; but, on the whole, it is relatively a slight one. The comparative prosperity of different communities, as an element, resolves itself also into this point of good management, in which feeding is most important. We need only to look at Table ii, to perceive how important derangements of the digestive apparatus are, compared with any other causes; and it is quite certain that all the deaths really due to these, directly and indirectly, are not included under the heading "Malnutrition." My interpretation of the injurious effect of a high range of temperature on infant life is, that it operates, in great part, simply by making milk and other articles of food unwholesome, with gastro-intestinal disturbance as a consequence. Few countries have such advantages as these colonies, in respect of general diffusion of plenty and prosperity, and the effect is seen in the extra-metropolitan districts of Victoria and New South Wales, where the presence of all the elements tending to favour the easy rearing of infants is proved by the low rates shown in Table iv. If strictly rural population could be got separately the rate would be even lower; and while Dr. Farr has given the rate in 12 healthy districts in England at 110 per 1000, it is quite safe to say that in the extra-urban parts of both these Colonies it is below 90 per 1000. This, then, seems to be the conclusion to which we are driven, and it cannot be too much insisted on, that a large proportion of the deaths among infants is due to the attempt to rear them artificially, and too frequently on articles of food, unsuitable to begin with, or in some way deteriorated. If all children were brought up at the breast, and even moderately well cared for in other respects, the death rate among infants would not, I believe, differ to a very great extent in different countries, and would be relatively insignificant, the rate, even for the extra-metropolitan parts of N. S. Wales being certainly very much higher than it ought to be. But, without the attainment of such an ideal state of things, it is quite certain that, even though the artificial rearing of infants is to continue, the death rate might be enormously reduced by the diffusion of knowledge on this question, and by the adoption of measures for ensuring that the milk supply of towns should be of right quality. Much of the milk sold in Melbourne has been proved to be of bad quality, and I believe that Sydney is in even a worse state, and the effects are apparent, as seen by comparing Tables iii. and iv.

But it may be urged that what I have just said is not borne out by a comparison of the rates in the different Colonies, as given in Table ii. As I have already admitted, there is much that is puzzling in these figures. I cannot admit, however, that the high death rates in South Australia, for instance, is to be explained by peculiar climatic conditions. This subject was carefully discussed by Mr. Hayter, the Victorian Government Statist, in a paper read before the Adelaide Philosophical Society in March, 1878, and he could, out of many possible causes, lay stress only on the circumstance of the climate of S. Australia being drier than that of either Victoria or N. S. Wales. It is not easy to see how this should operate, and it scarcely seems to me to supply an adequate explanation. The only thing that occurs to me, as possibly helping to provide a reason, is that South Australia has a large German population, and in all, or nearly all, German countries in Europe the infant mortality is high, and is generally ascribed chiefly to prevalent customs as regards infant feeding and rearing. May it not be that these customs have been transplanted to Australia, and that the result is most apparent where the German element is relatively greatest? The influence of local or national customs is undoubted, Dr. Stark, the Registrar-General for Scotland, for instance, having a few years ago expressed the opinion that the greater death rate in England than Scotland, from Diarrhoea and Convulsions, is due to bad feeding being commoner in the former country, the explanation being accepted by Dr. Farr. It would require a more intimate acquaintance with the peculiarities of each colony, than any one person can be expected to have, in order to explain the anomalies in the death returns. I have no wish to conceal how great the apparent anomalies are, and therefore present

a concluding table, showing the rate per 1000 births for the various groups of causes which are given in Table i., and collected in Table ii. under the head "Malnutrition." I cannot profess to account for the high rate under that general head in Queensland, but some of the details are worthy of notice.

TABLE V.

Showing the death rate per 1000 births, from certain causes, among infants under 1 year, in the Australian Colonies, in the years 1876-80.

	Victoria.	N. S. Wales.	S. Australia.	Queensland.
Dysentery, Diarrhoea, Cholera	22.9	15.5	26.3	22.0
Gastritis, Enteritis, Stomach Disease	7.5	5.4	4.2	3.6
Convulsions	8.2	18.5	15.1	27.5
Want of Br. Milk, Thrush, Teething	8.0	10.2	12.8	12.1
Prem. Birth, Atrophy, and Debility	32.2	29.1	37.6	38.2

It is possible that some of the differences here brought out are simply accidental variations, but the rates under "Convulsions" differ so greatly that some remark is called for. I do not think that the lowness of the rate in Victoria, when compared with any of the others, has its explanation in the lower mean annual temperature. It is, in fact, very much a question of nomenclature, the custom in the Victorian Statist's office being, never to assign "convulsions" as the cause of death, if any other cause more exact can be got. This I believe to be correct practice, and in accordance with the teaching of the best authorities. The same rule helps to account for the lower Victorian rate under the head "Want of Breast Milk, &c.," the causes under it not being accepted as satisfactory if anything more definite is attainable. The habit of ascribing death to "Teething" is simply a survival from the dark ages of medicine. The excessive rate from "Convulsions" in Queensland is not easy to explain, but it does not depend on a special liability to Nervous Diseases, from which class I have separated it, since the rate from all Nervous Diseases, exclusive of Convulsions, is shown in Table ii. to be lower than in any of the other Colonies. The difference between Victoria and N. S. Wales, on the one hand, and S. Australia and Queensland, on the other, consists, I suppose, chiefly in the greater liability of gastro-intestinal disorders to take an acute course in the two latter, taking on what might be called symptoms of poisoning. This is shown by taking together the figures under the first and third headings, when we get, for Victoria, 31.1; for N. S. Wales, 34.; for S. Australia, 41.4; for Queensland, 49.5. Most of these cases might actually be more correctly described as "food poisoning," in which deterioration of milk and other articles, under the influence of a high temperature, is one of the chief factors. In Queensland, with the highest summer and mean annual temperature, the mortality is greatest; and in S. Australia it is considerably higher than in N. S. Wales, probably because, though the mean annual temperature is not much higher, the summer temperature is, the average for January at Adelaide being 74.6° F., as compared with 71.7° F., at Sydney.

While it serves no good purpose to wander too far into matters that can be little better than speculation, I think that an explanation has been supplied of some of the most striking peculiarities of the statistical returns collected in this paper; and the excessive importance of this question of infant mortality would fully justify even greater detail and more elaborate discussion.

MEDICAL APPOINTMENTS.

Cullinan, Ralph, Surgeon, to be Public Vaccinator at Ballan, Myrniong, and Blakeville, Vic.
 Morton, James Clarke, L.F.P.S. Glas., of Footscray, Vic., to be a Surgeon in the Victorian Volunteer Force.
 Oram, Arthur Murray, M.D., M.B., et Ch.M. Edin., elected Visiting Medical Officer to the Randwick Asylum for Destitute Children, Sydney.
 Renwick, George James, M.B., et Ch.M. Edin., elected Honorary Consulting Physician Randwick Asylum for Destitute Children, Sydney.
 Shearman, Peter Edward, L.R.C.P. Lond., M.R.C.S.E., appointed Resident Medical Officer at the Sydney Hospital, vice Dr. C. C. Clayworth, resigned.
 Wardale, Joseph Augustus William, L.R.C.P. Lond., M.R.C.S.E., L.S.A. Lond., of Waiian, has been appointed Resident Surgeon to the Dunstan Hospital, Clyde, Prov. Otago, N.Z.
 Webb, William Simpson, L.R.C.P. Edin., M.R.C.S.E., to be Government Medical Officer at Blackall, Queensland.

REVIEW.

REPORT OF THE ROYAL COMMISSION APPOINTED TO INQUIRE INTO THE MANAGEMENT OF THE QUARANTINE STATION. Sydney, 1882.

This is a large quarto Blue Book pamphlet of 118 pages, containing a searching inquiry by the Royal Commission, consisting of Mr. J. R. Street, Drs. Jones, MacLaurin, and Manning, and Captain Hixson, into the circumstances that occurred in relation to the Smallpox scare which took place in June, 1881, and the following three or four months, in Sydney.

At the time when the events thus graphically recorded took place the daily newspapers were full of the subject, and Smallpox had the place then now accorded to the Egyptian war. During the whole of the epidemic the interest was unabated, and we can now, by looking at this report, go over in cold blood that which before was read with much greater eagerness as a detail of what was then going on, but now is a matter of history.

It seems that the first mistake made by the Government was to quarantine their medical men, Drs. Clune and Caffyn. This was done in the absence of the Treasurer, and we presume the authorities lost their heads. Then people were taken down against their wishes, and one policeman, who was suffering from a slight cold, upon being removed to the infected locality, threatened to shoot his captors rather than go on board the hospital-ship Faraway. However, he was compelled *noles volens* to migrate. Those patients who really suffered from the disease were in many cases most dreadfully neglected, and we hear of an instance in which a man died in his trousers and shirt unchanged during his illness, his disease, of a confluent character, laying in his faeces and urine. One of the nurses in giving her evidence stated with regard to the patients, "If medical skill could have done them any good they certainly did not get it." The Commission have taken a great deal of time and trouble to produce their report. They sat twenty-two times and examined forty-nine witnesses. There is a great deal of entertaining reading in this book, and we recommend it to the perusal of our subscribers, both medical and lay. The fact remains, however, after due consideration of the various harsh measures adopted by the Government, that the epidemic was stamped out in a comparatively short time, while that at Cape Town already has caused some 300 or 400 deaths. *Finis coronat opus.*

OBITUARY.

HAYNES GIBBES ALLEYNE, M.D. Edin., L.R.C.S., Edin.

We regret to have to record the decease of Dr. Haynes Gibbes Alleyne, President of the Medical Board, who died at his residence, Upper Fort-street, on 10th instant. For the last 30 years he held the post of Health Officer, and by his active and energetic proceedings several times averted epidemics of various infectious diseases from New South Wales. He was a member of the Board of Lunacy, President of the Board of Pharmacy, and Medical Adviser to the Government, but had recently retired on a pension. He was a member of the Board of Examiners of the Sydney University, and possessed a general knowledge of natural history, especially ichthyology. He was an energetic member of the Linnean Society, and that body published an excellent monograph of the fishes of Port Jackson, which emanated from him, some time since. The cause of death was an apoplectic fit, which resulted in his speedy decease. He was one of the oldest practitioners in New South Wales.

HENRY CHALLINOR, Esq., F. et M.R.C.S.E., L.S.A.L.

Mr. Challinor, Health Officer of Brisbane, died of apoplexy on the 9th instant, aged 68. He had for several years performed the duties of his office, and was much and greatly esteemed by members of the profession and a select circle of friends who were intimately acquainted with his amiable private character. In honorary capacities Mr. Challinor filled important and responsible positions. He was for years a member of the Medical Board, Principal Medical Officer of the Queensland Volunteer Forces, and Visiting Inspector of the Diamantina Orphan Schools. He formerly occupied the position of Surgeon Superintendent of the Woogaroo Lunatic Asylum, and Medical Officer to St. Helena Gaol, and Dunwich Benevolent Asylum.

MR. THOS INGHAM, Manufacturing Chemist in Rockhampton (Qu.) has favored us with samples both of the Dried Herb and his Concentrated Essence of Euphorbia Pilulifera, the Queensland cure for Asthma, Bronchitis, Consumption, and other affections of the chest and throat. We have distributed these samples, and shall report on the efficacy of this Australian remedy in some future issue.

OUR MELBOURNE LETTER.

MELBOURNE, Sept. 13th.

The prevalent topic of conversation in the profession at this moment is the Barker Scandal, a matter with which most people are by this time familiar. To be entirely candid, it did not come as a surprise. It is therefore regarded as another instance of the familiar proverb about the inevitability of the pitcher being broken upon one of its journeys to the well. It is easy, of course, to say at any time after an event, "This is just what we knew would happen"; but this is exactly what a good many people are saying. Consequently, there is but one opinion as to the truth of the statements of those witnesses who testified as to the motive which prompted the deceased to visit Dr. Barker. Upon the question of the cause of death there is more room for speculation, but the majority of the profession are in favour of its being chloroform. The advanced stage of decomposition of the body left it impossible to say that it was not epilepsy; and rendered the cardiac lesion hypothesis, at least, doubtful. It is clear, however, that it could not have been the consequence of airy puncture of the uterus, for the several reasons that no puncture, but only an abrasion, was found, and because any such puncture could only have set up peritonitis, which necessarily required, at the least, a day or two to cause death. The remoter contingency of embolism has been hazarded as a possible consequence of some operation upon the varicose veins, but although the certificate of death mentioned varicose veins as one of the causes, it was not explained by Dr. Barker in what way they had contributed their share. But apart from the scientific aspect of the case, it is impossible not to perceive that the hasty confining and precipitate interment of the body, inevitably provoked the conclusion that if Dr. Barker had had nothing to conceal, he would have urged the expediency of an autopsy and an inquest as the necessary means of clearing himself from any possible imputation of criminality. If, therefore, he were at this moment entirely innocent, which even his best friends find it difficult to believe, he would have no one but himself to blame for the very unpleasant position in which he at present finds himself. And if we take another view of the situation, it must be confessed that he went about his work of self-preservation with much maladroitness, and that it would have been possible by the exhibition of even ordinary candour and openness to have escaped the consequences of his indiscretion. I do not of course for an instant suggest that such practices as those with which Dr. Barker is credited ought not to be exposed in the fullest manner. I am merely putting myself in his place, and imagining what might have been done to avoid the obloquy of the recent discovery, and the consequent loss of reputation.

Incidentally, this case has again brought up the subject of the practice of abortion-procuring. It has, for a long time, been understood that several members of the profession in this city are regularly engaged in this practice. I am uttering no slander on the profession as a body when I make this statement, but while I am satisfied that the average professional honor stands as high in this colony as it does in any part of the world, it is notorious that there are, and have for many years been, a few exceptions to it. Respectable medical men are continually requested, by pregnant women, to anticipate the normal period of delivery, and when, as a matter of course, they indignantly refuse compliance, they are invariably told by such applicants, that they, the applicants, knew where to get the operation done, but that they preferred not to go to a regular abortionist. No doubt this represents a deplorable indication of medical morals, rarely and happily exceptional though it be, and it has this bad effect upon the common mind that it creates an erroneous impression that artificially-induced parturition, under any circumstances, is only a branch of obstetric practice subject to arrangement between the medical attendant and the patient. In America, as we know, there are hundreds of medical men who almost openly announce themselves prepared, for a suitable consideration, to accept engagements of this kind; but we have not arrived at that stage of professional infamy here, nor are we at all likely to reach it. The exceptions to the rule of high-minded ethical observances are very few, and it will hardly ever be otherwise. The sentiment of indignation against abortion-procuring in Victoria is too strong and too general in the profession to make it possible for it to be otherwise.

I find I have occupied the bulk of this letter with the reference to Dr. Barker's unhappy position, but as it is really the topic of the hour, it almost necessarily claimed particular mention. The last

few weeks have, however, presented not a few subjects of interest. The Association, I am glad to say, is making unquestionable progress. At the last meeting, as will be seen by the report, there were some good papers read, and four others had to be postponed on account of the hour being too late to permit of their being dealt with. The Council have it in contemplation to take up several matters of public consequence during the next twelve months, and they have every encouragement to do so from the good results which have come from previous endeavours of a like kind.

There is no present excitement in the Melbourne Hospital, other than that arising out of a truculent threat by Mr. Gibbs, a member of the Committee, to take legal proceedings against the City Coroner for having, as he alleges, caused the subscriptions to fall off, in consequence of his statements relative to the saturation of the walls with erysipelas contagion.

There has been an outbreak of Typhoid Fever at Whittlesea, the particular interest in which consists in the discovery that the inhabitants of that township have somewhat less regard to sanitary needs than the very worst kind of savages. And a further interest in this epidemic is that, until recently, the drainage of the place flowed into one of the tributaries of the Yan Yean reservoir. Also, that it has given occasion for Mr. William Thomson to expatiate on the contagiousness of Typhoid, and, incidentally, to rejoice at the confirmation of some previous pronouncements of his upon the rate of mortality from Typhoid in Melbourne.

At last the Hospital for Incurables is complete by the appointment of Dr. James, late of Hamilton, as Resident Medical Officer, and Miss Morley as matron; though, by the way, how a single lady can be a matron is etymologically perplexing. The Institution, however, is an excellent one, and it will do perennial honour to its founder, Mrs. Austin.

MEDICO-LEGAL.

CHARGE OF MAL-PRACTICE AGAINST A MEDICAL PRACTITIONER IN MELBOURNE.

An inquiry was held in Melbourne by the City Coroner, Dr. Youl, on Thursday, September 14, on the body of Mrs. Stent, whose death occurred under suspicious circumstances in the surgery of Dr. Edward Barker, Latrobe-street East, on August 4. The body was exhumed, and a *post mortem* examination made by Drs. Allen, Girdlestone, and Williams, on September 13. Their report, which was read at the inquest, stated that it was impossible to tell the cause of death, owing to the high state of decomposition of the body. There were no marks of violence on the body. Deceased was pregnant at the time of her death, but the lining of the membrane of the vagina was well preserved, and presented no abnormal appearance, except a small abrasion of the surface, which could be caused either by an instrument or disease.

Two females who knew the deceased, swore she had stated to them frequently that she was going to get abortion procured, and one of them deposed that deceased left her on the day she died, to go to Dr. Barker's for that purpose.

Dr. A. S. Barker, of Footscray, swore that he was on a visit to his father when the deceased came in. They had performed an operation on her before for varicose veins. His father went into the surgery, and in a short time came back, saying the deceased had fainted. Witness went in and tried to remove her, but without success.

The City Coroner, in summing up, stated that the evidence of the women clearly proved that deceased went to Dr. Barker's intending to have abortion procured; but it did not follow that Dr. Barker intended to commit a criminal offence. The woman died in Dr. Barker's house, and there was nothing to wonder at in his desire to get rid of the body quickly. The *post mortem* had disclosed no evidence of attempted abortion. The women's evidence, without the medical testimony was weak.

The jury, after deliberating for half an hour, returned a verdict, "That deceased might have gone to Dr. Barker's, with the intention of having abortion procured, but there was no evidence to show how she came by her death."

Subsequently Dr. Barker, in reply to a letter from the Chief Secretary, requesting him to resign his appointments under Government, forwarded a lengthy statement to the Chief Secretary, denying having treated the late Mrs. Stent for abortion, and expressing his willingness to submit his conduct to an investigation in public by a board of inquiry, and to abide by the issue.

The Australasian Medical Gazette.

SYDNEY, SEPTEMBER 15, 1882.

THE present commencing epidemic of Scarlet fever in Sydney might readily be checked, had the Infectious Diseases Bill recommended by the New South Wales Branch of the British Medical Association become law. There are no regulations which contend to prevent the spread of the disorder. In former epidemics it has been customary to see children on the park playing with the furfaceous process going on. We believe the same custom exists now as then. If sanitary knowledge, with regard especially to this disease, has spread among the populace, efforts would be made to prevent its entrance into a dwelling house. We know a house where it exists; now the inmates consist of father, mother, and four young children, the eldest of whom has the disease. The at present healthy children sleep in the same room as the affected one, to which there is no mode of ventilation, except through the door and open window. As amongst other articles are sold fruit and milk, a procession of young customers is constantly passing in and out of the infected premises. Had the Bill referred to been passed as law, these people, who clearly are a nuisance, could have been removed to the fever hospital, Little Bay, and their power to injure the community prevented. We believe that the magnificent building, erected at the cost of more than £20,000, is now vacant, and the Health Officer has no power to send any case there. Most of the children in Sydney under five years of age have not been exposed to the chance of infection of this disease. It has been in the suburbs lately, but is now rapidly spreading in the city. Should the Legislature quickly pass an Infectious Diseases Bill there might yet be time to stay its spread and the consequent mortality depending on it.

THE MONTH.

NEW SOUTH WALES.

AT the annual commemoration of the University of Sydney, Craig Dixon, M.B. Edin., was promoted to the degree of M.D. by examination. The following gentlemen also received the *ad eundem* degree of M.D., viz.:—T. B. Belgrave, M.D. Edin.; W. W. J. O'Reilly, M.D. Qu. Univ. Irel.; W. E. Warren, M.D. Qu. Univ. Irel.; S. T. Knaggs, M.D. Aberd.; and F. Milford, M.D. Heidel.

WE are much pleased to learn that an influential body of ladies in Sydney have formed themselves into a committee for the purpose of inaugurating a training school and residence for nurses, as well as a registry office, where nurses can register their testimonials and capacity. We wish the movement every success.

THE Annual Ball in aid of St. Vincent's Hospital, Sydney, was held at the old Exhibition Building, Prince Alfred Park, on Wednesday evening, September 6th. About 1000 persons were present, and everything passed off very successfully.

MR. JOHN STRIDE, M.R.C.S. Eng., late surgeon to the Maitland Hospital was found in a dying condition in bed at his residence "Rose Cottage," Grenfell, on Monday morning, August 28th, and expired soon after; a bottle of morphia was found at his bed-side. At the subsequent inquest, the coroner's jury returned a verdict that the deceased died from the effects of an overdose of morphia, taken to produce sleep. Mr. Stride was formerly surgeon to the Royal South London Dispensary.

DR. DUNCAN MCPHEE, L.F.P.S. Glasg, 1829, formerly of Windsor, died at his residence, Newtown-road, Sydney, on August 28th, at the ripe age of 77 years.

DR. C. J. ROWLING, for 14 years Medical Officer to the Mudgee Hospital, has disposed of his practice to Dr. Charles Swanston, and now intends to commence practice at Parramatta.

DR. A. T. O'REILLY, for the last few months Medical Officer to the Stanthorpe Hospital (Qu.), has succeeded to the practice of Dr. J. Frean, at Tamworth.

MR. JOHN SHIELS, M. et L. Mid., R.C.S. Edin. 1857, who had been practising at Bega for the last twenty years, died suddenly in an apoplectic fit on September 11th, at the early age of 47. The deceased gentleman occupied the position of Coroner, Government Medical Officer, and Public Vaccinator for fourteen years, and was highly respected in the district.

NEW ZEALAND.

IT is proposed to erect a branch hospital at Ohinemuri (Prov. Auckland), chiefly to make provision for accidents amongst the miners.

A MONUMENT has been erected at Addington Cemetery to the memory of Dr. Campbell and family, late of Christchurch, victims of the Tararua disaster.

DR. J. H. HORNE, J.P., of Parnell, was on Thursday, August 24th, committed to the Auckland Lunatic Asylum, as being of unsound mind, on the testimony of two medical men. For some time past Dr. Horne gave evidence of mental aberration, and conducted himself in a singular manner.

MR. JAMES FREEMAN FLETCHER, M.R.C.S. Eng. 1837, et L.S.A. Lond. 1836, of Kaikoura (Prov. Marlborough), the first medical man who settled in the district, fourteen years ago, died suddenly on August 30th. He was well known in the Wanganui, Rangitikei, and Kaiapoi districts.

DR. JOHN PARKER, of Christchurch, was found dead in his bed on the morning of August 25th. The deceased had been practising at Christchurch for more than twenty-five years, and was sixty years of age at the time of his death.

THE Public Health Act Amendment Bill was passed in the House of Representatives on Thursday, August 24th.

QUEENSLAND.

A MOST successful amateur dramatic performance in aid of the local Hospital took place at Toowoomba, on August 11th. His Excellency the Governor and party were present, and there was a large and fashionable audience, the hall being crowded. The result of the entertainment will be a material amount to the credit of the institution.

THE Chemist's Assistant in Brisbane, referred to in our last issue as having been committed for trial, for having caused the death of an infant, by giving it oil of bitter almonds, instead of sweet almond oil, has been sentenced to three months imprisonment for manslaughter. The jury recommended him to mercy in consequence of the laxity of the laws in allowing chemists to practice in the colony.

SOUTH AUSTRALIA.

AT a meeting of the S. A. Royal Society, held on September 5th, Dr. James Mann read an interesting paper on the human bloodworm prevalent amongst the natives of Amoy.

DR. C. H. ELLIOTT, for many years Medical Officer at the Convict Establishment, at Fremantle, W.A., has commenced practice at Wakefield-street, Adelaide.

VICTORIA.

AT one of the last meetings of the Committee of the Austin Hospital for Incurables, it was stated that the annual cost of maintenance would be about £3000, when the whole of the 60 patients, for whom accommodation had been provided were admitted, but this amount is considered excessive in the extreme, and it is believed that £2000 will be sufficient for all purposes.

THE Council of the Melbourne University has resolved to recognise Medical Degrees of the Sydney University.

DR. J. G. BEANEY, of Melbourne, has definitely announced his intention of standing for the Melbourne Province in the Legislative Council.

DR. CHARLES MARTIN, late of Bathurst, N. S. W., has purchased the practice of Dr. F. Lawton, of Lancefield.

DR. J. W. Y. FISHBOURNE, formerly Resident Surgeon of the Ararat Hospital, and late Deputy Medical Superintendent of the Metropolitan Lunatic Asylum, at Kew, has been presented with a handsome case of surgical instruments by the matron and female staff of the latter institution, on the occasion of his leaving to enter into private practice at Moonee Ponds, a suburb of Melbourne.

AT a meeting of the Melbourne Hospital Committee, held on Tuesday, September 12th, Mr. Gibbs referred to the decrease in subscriptions, which he attributed to the "wild and insane" conduct

of Dr. Youl in circulating unfounded reports as to the prevalence of Erysipelas in the institution. He remarked that it was a question for the committee to consider whether they should not institute proceedings against the Coroner.

THE Central Board of Health have recommended the Chief Secretary to refuse the site applied for at East Melbourne for a veterinary institute, if it was intended to perform operations or dissections in the building.

PUBLIC HEALTH.

THE deaths registered in Melbourne and Suburbs in July numbered 494, viz., 271 of males and 223 of females. The deaths outnumbered those in June by 25, and exceeded the average of July during the previous ten years by 95. If, however, allowance be made for the increase of population, they will be found to have exceeded the average of those ten years by 44. To every 1,000 of the population of the district, the proportion of births registered, was 2'64, and of deaths registered 1'73. The deaths of children under five years of age numbered 170, of which 99, or 58 per cent., were of males, and 71, or 42 per cent., were of females. Of those who died, 124 were under one year of age 28 were between one and two, 7 were between two and three, 7 were between three and four, and 7 were between four and five. The month of July is remarkable for the high mortality which took place from local diseases, as many as 282 deaths being set down to complaints of that class, as compared with 241 (an unusually high number) in June. The increased mortality under this head was chiefly due to affections of the chest and lungs. Deaths from bronchitis having risen from 31 to 50, those from pneumonia from 26 to 37, those from congestion of the lungs from 19 to 23, and those from asthma from 1 to 4. Under the Zymotic head, deaths from typhoid fever fell from 17 to 9. Deaths from childbirth and metria were much above the average, and caused 11 deaths. Compared with the births, this number gives an average of 1 death of a mother to every 68 infants born alive.

THE deaths recorded in the city of Sydney for the month of July numbered 216, viz.:—118 males and 92 females, being 41 above the average of the preceding five years. The proportion of local diseases was very large (56'67 per cent.—more than half the total mortality); this is in a great measure attributable to the number of deaths from diseases of the respiratory organs, there being no less than 50 deaths from bronchitis, pneumonia, and other lung diseases. The following are the most prominent causes of death in the local class,—bronchitis, 24; pneumonia, 15; congestion of the lungs, 7; cephalitis, 5; apoplexy, 4; convulsions, 13; heart disease, 12; and nephria, 9. Constitutional diseases come next (16'19 per cent.), with phthisis 17, and cancer 6, as the primary causes. Next follows the zymotic class (12'38 per cent.), typhoid fever, 10; intemperance, 6, &c. Of developmental diseases the proportion was 9'05 per cent., childbirth, 1 (besides one from metria); old age, 7; and atrophy and debility (infants), 4.

THE number of deaths registered in the suburbs of Sydney during July was 178, viz.:—91 males and 87 females, being 58 above the five years' average. Nearly half the deaths (48'88 per cent.) were from local diseases, of which the following were the most fatal,—bronchitis, 26; pneumonia, 13; other lung diseases, 9 (making a total of 48 from diseases of the respiratory system alone); convulsions, 7; and heart disease, 12. Constitutional diseases stand next with a proportion of 20'22 per cent.,—phthisis, 24; tabes mesenterica, 5, &c. The proportion of zymotic diseases was 16'85 per cent.,—typhoid fever, 7; diarrhoea, 5; intemperance, 5, &c. Of developmental diseases (10'11 per cent.), there were 5 deaths from childbirth (besides 3 from metria); 8 from old age; 4 from atrophy and debility, &c. The deaths from childbirth and metria were unusually numerous.

THE infantile mortality in Sydney during July was at the rate of 28'57 per cent., which is 1'99 per cent. above the average of the five previous years. The per-centage in the Suburbs was 32'58, or 12'98 less than the average.

DURING the month of July 46'43 per cent. of the deaths which occurred within the municipality of Brisbane, were of children under five years; the rate in the suburban parts of the district having been 25'00, and the rate in the whole Registry District 37'50. The true infantile mortality, or deaths under one year, as compared to births in the district, has been 10'99 per cent, within, and 5'13 per cent. outside the municipality, and 9'23 in the whole registry district.

IN Auckland, Wellington, Christchurch and Dunedin, the four principal towns of New Zealand, zymotic diseases caused 15 deaths in July, against 16 in June. In June, 15 of the 16 deaths were included in the order of miasmatic diseases, but in July only 12, two deaths in July having been directly attributable to alcoholism. There was an absence in July of any deaths from fever, but 4 deaths (in Auckland) occurred from measles. Constitutional diseases caused 10 deaths in July, against 16 in June. The deaths from cancer were 3 in July, against 6 in June; and from phthisis, 6 in July, against 7 in June. The deaths from local diseases were 33 in July, against 40 in June. Of these, diseases of the respiratory organs caused 10 deaths in July, against 15 in June, the number in May having been 10.

SCARLET FEVER is spreading at Christchurch, N. Z.

TWENTY-THREE cases of measles occurred on board the "Orontes," which arrived in Sydney from London with 414 immigrants on August 19th. The Health Officer, Dr. Mackellar, gave at once instructions for the immigrants to be landed at the Quarantine Station, and took such measures as to prevent the introduction of the disease into the colony.

DIPHTHERIA has appeared at Warrnambool (Vic.). Two cases have been reported to the Central Board of Health, one of which has resulted fatally; the other patient is a child. Diphtheria has also broken out in a mild form at Kilmore (Vic.), and the same disorder is very prevalent in North Canterbury, N. Z.

ASSOCIATION INTELLIGENCE.

NEW SOUTH WALES BRANCH: MONTHLY MEETING.

The twenty-seventh general meeting of the New South Wales Branch of the British Medical Association was held in the Royal Society's rooms on Friday, 1st September, 1882. Present—Dr. Fortescue (President), Dr. Milford (Vice-President), Dr. Quaife (Hon. Treasurer), Drs. Watson, Belgrave, Craig Dixon, J. J. Power, Wright, Marano, Fiaschi, Warren, Renwick, Brady, Wrigley, O. S. F. Evans, Schuette, Williams, Shewen, and the Honorary Secretary (Dr. O'Reilly). There were present also as visitors Drs. Chambers and Duckershoff.

THE PRESIDENT said the first business was the re-affirmation of a resolution passed at a meeting of the Council relating to papers that might be read before the Branch. The occasion for this course was that a paper recently read by Dr. S. T. Knaggs on "Clinical Teaching in the Vienna Schools" had been published in a lay journal, and it was thought well in consequence that there should be no misunderstanding in future respecting the privileges of members with respect to their papers.

IN the course of a discussion which ensued a general opinion was expressed that the organ of the Association should have the recognised right to first publish all papers read before the New South Wales Branch.

THE following resolution was then unanimously re-affirmed—"That for the future all papers read at the Branch's meetings shall become the property of the Branch, and be at once handed to the Secretary, and that no copy shall be printed without the sanction of the Council."

DR. MILFORD read a paper "Upon a Case of Trephining."

THE PRESIDENT characterised the case as of a most interesting character, and referred to the satisfactory results of trephining for pus.

THE patient was exhibited.

DR. BRADY moved that a vote of thanks be accorded to Dr. Milford for this most interesting case.

DR. MARANO seconded the resolution, which was carried with acclamation.

DR. MILFORD, in acknowledging the compliment, said that it was a noticeable feature that although there had been considerable loss of the brain substance during the progress of the case, there had been no loss of mental power. His mind seemed quite as powerful as before the accident, nor was there any paralysis.

DR. CRAIG DIXON read a paper upon "Empyema."

AFTER discussion, in which the President and Drs. Milford, Wright, Williams, and Belgrave took part, the Hon. Sec. moved, and Dr. Quaife seconded a vote of thanks to Dr. Craig Dixon for his valuable paper. The motion was carried unanimously.

Dr. FIASCHI then read a paper upon "Removal of the Tongue by Whitehead's Method."

The excised tongue was exhibited, showing cancerous nodule.

The PRESIDENT asked whether, after Dr. Fiaschi's experience of this operation under Whitehead's method, he would adopt that method in similar cases.

Dr. FIASCHI replied in the affirmative, and remarked that one essential element of success was to cut slowly, in order that excessive hæmorrhage should be prevented. In the case under notice the operation extended over half an hour.

A vote of thanks was accorded to Dr. Fiaschi.

Dr. SCHUETTE said that Billroth was in the habit of ligatising the lingual arteries before excising the tongue.

Dr. EVANS exhibited some hydatid cysts, which he said he had obtained from the left ventricle of the heart of a female subject upon which he had made a *post mortem*, and which otherwise appeared perfectly healthy. Immediately the ventricle was opened about twenty of these small cysts rolled out. There was no trace whatever of hydatid disease in the liver or the brain.

The PRESIDENT announced that Dr. Tarrant, M.L.A., had forwarded for the consideration of the Branch a draft "Bill for the Prevention of Contagious Diseases."

Dr. QUARF moved, Dr. SHEWEN seconded, and it was carried—"That Dr. Tarrant be requested to obtain free copies of the Bill for the use of members of this Association, so that they may have an opportunity of acquainting themselves with its principles and details before next meeting."

The PRESIDENT submitted a series of resolutions adopted by the International Medical Congress, London, 1881, as to tests of sight suitable to be enforced in the case of signallers and look-out men, and other persons by land or sea, with suggestions as to international arrangements for a uniform system of maritime, coast, and harbour signalling, with a view to the safety of life and property, followed by explanatory remarks under the several articles, and said with respect to them that it was desired that members of the New South Wales Branch should make themselves familiar with the recommendations contained in these papers, so that they might be able to suggest at next meeting how far they might be adapted to the circumstances of this colony. He furnished each member with a copy of the resolutions, which, he said, might be discussed at next meeting.

The meeting adjourned at 10.45 p.m.

SOUTH AUSTRALIAN BRANCH: MONTHLY MEETING.

Held in the Board Room of the Adelaide Hospital, July 27th, 1882.

Present—The Vice-President (Dr. Gardner) and Drs. Cawley, C. Gosse, Henry, Mackintosh, Seabrook, Stirling, Thomas, and Messrs. Clindening, Dunlop, Hayward, and the Hon. Sec. (Mr. Cleland).

The minutes of the meeting held May 25th, 1882, were read and confirmed.

With reference to the minutes of the last meeting Dr. GARDNER wished it to be understood that in advocating operative measures for hydatid disease at an early date he meant that only suppurating hydatid cysts should be opened, whilst living hydatid cysts should be aspirated if accessible. The real difficulty lay in deciding upon the appropriate treatment in each case.

Dr. DAVIES THOMAS then gave his notes of a case in which a tumbler, having become impacted in the rectum, had been removed by him.

REMOVAL OF A GLASS TUMBLER FROM THE RECTUM.

By J. Davies Thomas, M.D. Lond.

Richard Peters, aged 43 years, was admitted into the Adelaide Hospital at 8 p.m. on January 18th, 1882. He gave the following history of his case:—For a long time past he has been suffering from prolapsus ani, and at midnight on the 17th inst. he attempted to reduce the prolapse by pressing it upwards with hollowed out end of an ordinary glass tumbler. The entire glass, however, slipped into the rectum, and could not be removed by him. Dr. St. Mark Dawes was then called in, who put him under the influence of ether, but found that the glass could not be removed without further assistance. The patient was therefore sent down to the Adelaide Hospital.

The patient was placed under the influence of ether at 8.30 p.m. on the 18th, and upon examination it was ascertained that the lower end of the rectum, above the internal sphincter was distended by a

tumbler, the axis of which, however, did not correspond with that of the lower part of the pelvic cavity, but was directed obliquely, so that the rim of the glass was wedged closely behind the pubic arch on the left side. Below this the tissues were œdematous, so that the finger-nail could scarcely be passed between the edge and the wall of the bowel. On the right it was found that a small triangular piece, with a base of about one-half inch, had been chipped out of the edge of the tumbler in the former attempt to remove it. Attempts were made to remove the glass entire by means of a short pair of midwifery forceps, but unsuccessfully. After about an hour's ineffectual work it was decided to break the glass and to extract it piece-meal, which was done. The coats of the bowel, and especially its anterior wall, were protected by Sims' duck-bill speculum. The chief difficulty was encountered in the removal of the thick base; this was overcome, however, by rotating it so that it would be extracted edgewise. There was hardly any hæmorrhage during or after the operation. A morphia suppository was inserted, as well as a plug of cotton wool soaked in a solution of chloride of zinc. The entire operation lasted just over two hours. The patient recovered rapidly and completely, and was discharged on Feb. 21st.

Dr. MACKINTOSH remarked that this was the first case he had ever heard of in which a foreign body in the rectum had been a tumbler. He had heard of many curious things there, and he thought that the article he held in his hand was one of the most curious. It was a wooden implement used by sailors in splicing ropes, called a "fid," and was 11 2-8 inches long by a diameter of 5 inches at its thickest part, having a conical form. The patient had come to him complaining of uneasiness in the rectum, with stercoraceous vomiting. He was able, however, to pass a certain amount of fæces daily. The man strongly objected at first to an examination of his anus and rectum, but the symptoms becoming more urgent, he at last consented, at the end of eleven days. The result was the immediate detection of a hard foreign body in the rectum. When this was pressed or moved, there could be felt, by the other hand lying on the abdominal wall, a hard pointed body, below the ensiform cartilage. On removing the obstructing body, which was done without any difficulty, it was found to consist of the implement he then held in his hand. The man made a good recovery. The account given by the patient of its presence and intrusion into his rectum was to the effect that he was assaulted one night when returning home, and was robbed of his money and watch, a revolver placed at his head, he was knocked down, and became insensible. Since that time he had continuously suffered great pain internally, up to its extraction, from which it must be inferred that his assailants had thus barbarously used him. [In reply to an expression of surprise that the point of the weapon should have been lying so much in the middle line of the body instead of considerably more to the left side, Dr. Mackintosh answered that he could not be mistaken as to where the point was, as it could be so distinctly felt. There also evidently had been no perforation of the intestine, otherwise the constitutional symptoms would not have been so slight nor the recovery so rapid and complete.]

Dr. DAVIES THOMAS then exhibited some hydatid cysts which had been taken from the abdominal cavity of a lemur. He was indebted to Mr. Thomas Smeaton for them, the cysts having been removed by the latter gentleman. There were one or two points of interest about them. Although their beauty was much spoilt by their immersion in the spirits of wine, still the two coats of the cyst could be very plainly distinguished—the outer tougher coat and the inner essential one, which was the active animal itself. Again they had the appearance of being "daughter" cysts, and yet there had been no signs of any "maternal" cyst in the lemur; and they had been found living loose in the abdominal cavity of the animal. He certainly had not himself sought for a "maternal" cyst, as the beast was buried before he could see it, but he should feel inclined to trust the search of so trustworthy an investigator as Mr. Smeaton. The fact of hydatid cysts being loose in the abdominal cavity was by no means unique, although not often met with. The cysts were evidently the same as in man, thus showing the extensive distribution of this parasite. He had examined several, but had discovered no echinococci. He also did not know from what place the lemur had been brought.

He then exhibited under the microscope some specimens of *Tænia Echinococcus*, removed from a dog. He regretted that owing to his having put them in strong spirits of wine the heads had become much shrunken, and the hooklets had disappeared. The three segments, however, were very distinct, and the terminal or sexual

segment, which was more than half the length of the whole parasite, exhibited the arrangement of a great number of eggs and the general form of the uterus. He remarked that the prevalent opinion was that this sexual segment was detached and discharged entire, but that latterly Dr. Whittel had satisfied himself as to the fact of the eggs being evacuated even without the detachment of the segment. He mentioned that this identical dog had had free access to several houses, and that considering the condition of the animal, any amount of infection of hydatid disease was possible from it. He intended examining all the dogs he could, with a view of ascertaining the amount of intestinal parasitic affection existing amongst them. He remarked that the duodenum was the most favorite site for the presence of parasites.

Dr. GARDNER then exhibited a pair of Tarnier's midwifery forceps. He explained that their chief use was for cases of obstruction at the brim of the pelvis, when the occiput is backwards, and rotation not occurring, ordinary forceps have a tendency to slip off when traction is made. The instrument was a very powerful one, and looked almost like a cephalotribe, and the blades could be approximated by means of a screw so as to act as a compressor or even crusher of the head should that be required. In applying the blades, which is done in the usual manner, the traction portions lie along the shanks of the blades on the inner side, out of the way. A handle is then fixed to the traction pieces. The method of fixing on the handle appeared to be attended with some difficulty, owing to the nicety of the fittings requiring a very accurate adjustment of a wedge-like arrangement.

Dr. CAWLEY exhibited a pair of Simpson's forceps, to which had been attached Tarnier's traction power. In reply to an objection raised that they were not long enough to reach easily a head obstructed at the brim, he stated that he had already used them on two occasions for cases of obstruction in that situation, and had found them to act to perfection. He thought these forceps preferable to Tarnier's, as being simpler in machinery, and less cumbersome. An examination of the two instruments showed that the attachment of the traction power in Tarnier's was smoother than in the other, but Dr. Cawley did not think it possible that the greater prominence in Simpson's could cause any pinch or inconvenience whatever if the forceps were used by any ordinary practitioner. The attachment of the handle to the traction pieces was simpler and more easily effected than in Tarnier's.

Dr. CAWLEY also exhibited Simpson's perforator.

Dr. GARDNER also exhibited a very simple instrument of his own invention for keeping patient or dilating the os uteri after incision. It appeared that Dr. Clement Godson had recently arrived at the same idea, but Dr. Gardner pointed out that he had his instrument prior to the possibility of his ever having seen Dr. Godson's or heard a description of it. It consisted of a hollow staff, to the end of which points of various sizes could be attached as different degrees of dilatation were required. At the end of the staff was a small notch, into which a portion of the point or end-piece fitted. The point was further secured by another hollow piece, with a worm passing up the larger hollow staff, and screwing into the end of the point.

Dr. GARDNER then showed Dr. Gower's Hæmacytometer, and briefly described its use and structure. By its means the relative number of white corpuscles could be easily calculated and the inference drawn therefrom. The instrument was a modification of that invented by M.M. Hayem and Nachet.

Dr. THOMAS thought that it would be an advantage if the blood were more systematically examined, as he was quite sure many cases of parasitic infection would be discovered which were unknown at present. As an illustrative instance he referred to the discovery of the *pilaria sanguinis hominis* and its curious connection with the mosquito, both in India by Lewis and at Brisbane by Bancroft.

CHARLES GOSSE, M.D., then read a paper on "A Case of Foreign Body in the Vitreous Humor of the Eye, which will appear in our next issue.

Dr. STIRLING rose to say that there was a very powerful electro-magnet belonging to the University. He did not see why a foreign body should not be drawn out of the vitreous humor behind the lens as well as out of the aqueous humor in front of the lens, provided, of course, the apparatus was properly adapted to the purpose. Obviously a body could only be thus extracted through a tortuous track by the agency of some suitable instrument inserted through the wound, to which the piece of iron might be made to adhere by the magnet. He thought that the case just recorded would have been an excellent one for the employment of the electro-magnet.

Dr. C. GOSSE regretted that he had not known that the University

possessed an electro-magnet; for although they had no apparatus arranged for the application of the influence of the electro-magnet, still it would have been a simple matter to have fitted up some appliance to utilise the power of the magnet, and thus possibly have been able to save an eye which had subsequently to be sacrificed.

Pathological Notes.—Dr. Gardner exhibited a specimen of complete occlusion of the rectum, about two inches from the anus, occurring as a congenital malformation. The general facts of the case were as follows:—In reply to the usual inquiries on the day succeeding the birth of the child the nurse stated that nothing had passed from the bowels, but that the child was to all appearances well formed. A little castor oil was given, and the following day the child was dead. The *post-mortem* examination showed that the rectum was adherent to the promontory of the sacrum, and from this part for a distance of half an inch was nothing but an impervious cord. Thence on to the anus the rectum was normal in size and the finger could be easily passed up it from without. The blind end of the upper portion was facing the concavity of the sacrum. Had the malformation been suspected and diagnosed, the only feasible operations would have been either an opening into the colon in the left groin or lumbar region.

Mr. DUNLOP exhibited an aneurismal condition of the aorta, with extensive atheromatous disease of its walls. The general history of the case was to the effect that the patient, aged 45, had been pale and anæmic, with a constant, loud, wearing cough, and occasional fits of intense dyspnoea, between the paroxysms of which he had comparative ease. A year ago he was in the hospital when his disease was diagnosed as aneurism; but two months ago, on being re-admitted, the lung symptoms were so pronounced that they masked the real disease, and together with the elongated dull area behind, gave rise to the opinion that the man was suffering from posterior mediastinal tumour of some other nature. There was no aneurismal bruit, but on auscultation loud snoring râles were heard, and also all the evidence of cavities at the apices of both lungs, a condition which was found to exist at the *post-mortem* examination, the right apex being fully infiltrated with catarrhal pneumonic tubercle in various stages of disintegration, and the left being cretaceous, with a considerable cavity behind. The aneurismal dilatation of the aorta began at the base of the heart and extended to about eight inches across and downwards. It was of large size, and erosion against the second bone of the sternum had begun at one point. The left recurrent laryngeal nerve was tightly stretched under the arch. The vessels springing from the arch were not implicated. Numerous enlarged bronchial glands clustered around the dilatation posteriorly. The trachea was flattened and compressed. The lining membrane of the aorta was largely atheromatous. The valves were normal and very fairly competent.

PROCEEDINGS OF COLONIAL MEDICAL BOARDS.

The following gentlemen having presented their diplomas, were duly registered as legally qualified Medical Practitioners by the respective Boards:—

NEW SOUTH WALES.

Boase, William Francis Fookes, M.R.C.S. Eng., 1874, L.R.C.P. Lond., 1874.
Taylor, Rogers Wetherill Gore, M.B. Trin. Coll., Dub., 1877; M. Ch. Trin. Coll., Dub., 1878.
Hailey, Frank, M.B. Univ. Melb., 1877; Ch. B. Univ. Melb., 1881.
Clark, Charles Alfred Dagnall, L.R.C.P. Lond., 1878; M.R.C.S. Eng., 1878.
Austin, Thomas Mein, L.R.C.S. et L.R.C.P. Edin., 1864.
Tennent, Thomas Hatley, L.F.P.S. Glas., 1877.

NEW ZEALAND.

Chilcot, James, M.R.C.S. Eng., 1872, L.S.A. Lond., 1871.
MacMullen, James Carnegie, L.K.Q.C.P. Irel.; L.R.C.S. Irel.
Pinching, Richard Lloyd, M.R.C.S. Eng., et L.M. Dub., 1833.

Naylor, A. G.E.

TASMANIA.

VICTORIA.

Mason, William, M. 1853, L. Mid. 1858, R.C.S.E.
McLean, Alexander, M.B. et Ch.M. Aberd., 1882.
Murdoch, James, L. et L. Mid. R.C.S. Edin., 1877; F. et L. R.C.P. Edin., 1879.
Ray, William Robert, M.D. Boston, U.S.A., 1882.
Knight, George Henry, L.S.A. Lond., 1880.

Additional Qualifications registered.—

Ryan, Timothy Bernard, Ch.B. Melb., 1882.
Walsh, William Butler, Ch.B. Melb., 1882.

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